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VOL. 1. JULY, 1890. NO. 1.

THE JOURNAL OF THE STATE MEDICAL SOCIETY OF ARKANSAS.

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ADDRESS:—LORENZO P. GIBSON, M. D., Managing Editor,
No. 111 E. Fifth Street, Little Rock, Ark.

All members of the Society should send their annual *dues* to the *Treasurer*, A. L. BREYSACHER, M. D., No. 121 W. Second Street, Little Rock, Ark.

VOLUME I. JULY, 1890. NUMBER 1.

Editorial.

EXPLANATORY.—President Orto, in his annual address, strongly urged the establishment by the Society of a monthly journal. His address was referred to a committee who reported on the following day, and in relation to the journal said: "We most cordially concur in the suggestion with regard to the establishment of a medical journal as the organ of this Society, and would further suggest in carrying out this idea the appointment of a committee of five on Medical Journal." The report of the committee was adopted, and in connection therewith the following: "*Resolved*, That the Society establish a medical journal to be conducted on the same general plan as The Journal of the American Medical Association, and that a committee of three be appointed to formulate

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details and plans for properly conducting this journal, and that this committee be instructed to report tomorrow morning."

On the following morning the committee reported as follows: "Your committee beg leave to submit the following report:

"*Resolved*, That this Society establish a journal to be known as the Journal of the State Medical Society of Arkansas, to be published at Little Rock.

"*Resolved*, That a Board of Trustees, consisting of five members, be appointed, whose duty it shall be to have control of said journal for the Society, and to use such means as may be necessary to arrange and carry out all details, such as editorial work, finances, publication and such other duties as may be necessary to the successful conduct of said journal.

"*Resolved*, That in case this Board of Trustees find it impossible to establish and maintain said journal, the Board of Trustees shall publish the transactions as theretofore.

"*Resolved*, That the Board of Trustees thus appointed shall hold office as follows—the three residents at place of publication, to hold office for three years, the other two for one and two years respectively, to be decided by lot.

"If allowed, your committee would respectfully suggest the following Board of Trustees—P. O. Hooper, J. H. Southall and J. A. Dibrell, Jr., Little Rock; Z. Orto, Pine Bluff, and W. B. Lawrence, Batesville.

"*Resolved*, That every member of the Society hereby pledges himself to labor earnestly for the establishing and permanent success of the Journal.

[Signed] "J. M. Keller,
"D. C. Ewing,
"L. P. Gibson,
"*Committee.*"

The foregoing was unanimously adopted, and in compliance therewith the Trustees have investigated the subject, and as a result of their careful labor present to the members of the State Medical Society of Arkansas, and to the medical profession generally, the first number of the Journal. The

monthly issue will contain forty-eight pages of reading matter of general interest to the members of the medical profession in this State and the Southwest, and a limited number of pages of *selected* advertisements.

The JOURNAL is published solely by the Society, with no other business connections whatever. The *financial* success of the publication is already secured; it will in other respects be what THE MEMBERS OF THE STATE MEDICAL SOCIETY OF ARKANSAS PLEASE TO MAKE IT.

AS SOON as all the details can be fully arranged the JOURNAL will be issued promptly on the 15th of every month. It was expected that there would be some delay in issuing the first few numbers.

Original Communications.

The President's Annual Address.

BY ZAPHNEY ORTO, M. D., PINE BLUFF.

Mr. President, and Gentlemen of the State Medical Society of Arkansas:

With profound thanks for the honor I have received at your hands, I wish to assure you that I to the fullest extent appreciate the same, and do keenly comprehend the importance of this, to me, trying position.

If the success of our meetings depended upon the presiding officer alone, I should shrink from its duties. But when I see before me the familiar faces that have cheered me, and the sturdy hands that have helped me, I can go on with a feeling of security, knowing I will have your support in my weakness.

I congratulate you, gentlemen, on this occasion, the fifteenth annual meeting of our Society. I also desire to congratulate you upon your ability to again assemble with ranks comparatively unbroken, and as I have reason to believe, with

renewed resolutions regarding future usefulness. You are also to be congratulated upon again assembling in the City of Roses—the Queen City of the Valley—noted alike for her eminent citizens, statesmen, clergy and physicians, and her lustre enhanced by her well-known generous hospitality and her beautiful and accomplished women.

From a professional standpoint we have many reasons to be proud of this city. The only hospital within the State for the care and treatment of the sick is located here. Here, also, are the asylums for the deaf, dumb, blind and insane; institutions that work in harmony with our profession, and which have our sincerest and most cordial sympathy, and last but not least, the Medical Department of the Arkansas Industrial University, which should be the especial pride and admiration of every reputable physician living within the State. While this college may not be an offspring of this Society, strictly speaking, yet it is an adopted child, and, as far my knowledge extends, the only medical institution in the land that is watched over and its work investigated by committees from a State Society. Its faculty are residents of this city, and are men of known high professional attainments and gentlemen in every sense of the word. It is in this college that our youth are prepared and made fit to grapple with diseases peculiar to this climate and country, and not this only, but armed and equipped, second to none, in the science and practice of our profession in all its branches and details.

In complying with the requirements of our constitution and by-laws, and conforming to a time-honored custom, heretofore strictly observed, I cannot hope to be able to entertain you with a literary production equal to those of my predecessors, consequently I shall content myself with the presentation of a few practical subjects, and ask your serious consideration of them.

The progress in the science and practice of our profession for the past twelve months has been equal to that of any similar period since the introduction of antisepsis. In surgery many new methods and operations have been introduced, and

others that were on trial have been fully tested and proven. Prominent among the latter I would mention supra puic cystotomy, a method which is now on its feet firmly and promises much relief to a host of sufferers. It is quite extensively practiced in some quarters, not only for stone and tumors, but for cystic inflammation of a chronic nature, and by competent observers is regarded as far preferable to the older procedures, and the dangers it is claimed are greatly diminished.

Intestinal anastomosis, by means of bone plates, first brought before the profession by Dr. Nicholas Senn, of Milwaukee, has been severely tested, and while it has been modified by some operators, the principle is one that will live and shine in the annals of surgery as a brilliant achievement, and now seems to be a well-established operation. It has a large range of usefulness, and is worthy of our most careful and closest study, since it is an operation that may be demanded at the hands of even the most general practitioner at any moment. The original investigations and labors of Dr. Senn are bearing good fruit, and to him the profession owe much, and the public a profound debt of gratitude.

The operation for the radical cure of hernia has recently received new impetus, with many advocates. The method of Dr. McBurney, of New York, seems to have solved the problem, indeed it may be called an ideal procedure. Dr. McBurney and others have thoroughly tested this method, their cases numbering many hundreds, and while there are, as might be expected, some relapses, the per cent. is small, and the method bids fair to lead all others.

That troublesome organ the function and usefulness of which we have never become acquainted with, the appendix vermiformis, has been made the subject of much study of late, and has received its full share of operative attention. Its amputation for acute inflammation has been made possible at small risk by antisepsis, and is now being quite extensively practised. It is to be highly recommended, since the total destruction of this organ does not entail any loss or

inconvenience, and as this disease is of great seriousness, the subject is worthy your earnest and careful consideration.

Alexander's operation for the cure of procedentia uteri is among the more recent methods that promises great popularity; one that is calculated to give great and permanent relief to a condition that has heretofore been exceedingly perplexing to the physician, and of great pain and inconvenience to the sufferer. This operation, however, has not yet received that attention that it is entitled to, owing in a great measure, doubtless, to the imperfect manner in which it is usually performed. But as modified by Dr. Edebohls, of New York, it is greatly simplified, and its utility is practically demonstrated in such manner as to leave no doubt regarding results.

I will now call your attention to a very popular custom among enthusiastic surgeons, not with a view of recommending it as an operation to be generally employed, but rather to sound a note of caution. It is known as "exploratory incision," and in many instances doubtless results in great good, but it is apparent to the most disinterested observer that it is now quite too commonly practised. The brilliant achievements of antisepsis has made it possible for the surgeon to invade almost every organ, nook and corner of the human body. But I would say, do not be hasty, especially if the disease be uncertain.

The removal of the tubes and ovaries is, in my humble judgment, too freely practised in some localities, and may yet become a source of much regret. While I freely and frankly admit that it is an operation that is indeed a blessing to mankind, yet great caution should be exercised in the selection of operative cases. For not only have healthy tubes and ovaries been removed, but eminent authority has called attention to acute mania and melancholia as sequels of gynaecological operations. Dr. Thomas recently reported twenty-six such cases.

The investigations in medicine proper have been onward and upward. The theory of the day is not so much how to find the bacillus of disease and kill him, but rather how to

prevent his birth. How to restrict and prevent disease is the coming theme for discussion. The light of science is now beginning to shine upon that dread malady consumption, and while much is yet to be learned regarding it, enough is known to warrant the assertion that the day is not far distant when it will be greatly under control, not after development alone, but its prevention, in a great measure made possible. Already the cords of science are tightening around it.

It is indeed a source of great gratification and pride to know that, notwithstanding the rapid strides the profession at large have made, the members of this society and the profession of the State in general have been equal to the task, and are marching abreast with the grand column. The work of this society will compare favorably with that of any similar one, and no fears need be entertained for its future. But, notwithstanding our heretofore excellent work, much remains to be done and demands our immediate and careful attention. And I here suggest a more perfect organization as being paramount to that of all other subjects for consideration during your present session.

If you would keep your professional lamps trimmed and burning, always ready for use, you must be a member of your county and State Societies. If you would maintain the honor and dignity of your profession, and advance science and the cause of humanity in general, you must be a member of your county and State Societies. In union only is there strength, in unity only harmony. The regular and constant healthy mental friction of mutual fellowship meetings, causing discussion and argument, is an educator almost equal to the carefully prepared essay of the most learned practioner. Associates and brethren are entitled to the results of the studies of each and all, and selfish exclusiveness will never benefit the cause of science or humanity.

As citizens and physicians, and as a society, we need many things, patent to all, but which we have been taught by experience we cannot reasonably expect unless we are more closely organized. In other words we must look to our own house-

hold, after which we will be in a condition to carry our cause to the people, and when this is done, success is assured. I will freely admit that there are many impediments to be overcome in perfecting this organization, but, gentlemen, the united efforts of a few have been known to surmount many difficulties. From the best information I can obtain there are in this State about one thousand reputable physicians, and of this number only two hundred and seventy-five are members of the State Society. There are only twenty county societies, with a membership of two hundred and seventy-five; thus you can readily see at a glance our unorganized condition. I would recommend that a special committee be appointed to consider the propriety of a complete organization of our society. A standing committee on organization might be created, and, as has been suggested, it might be well to abolish our committees on medicine, surgery, gynaecology and obstetrics, and adopt instead the section system, similar to the American Medical Association. I have been informed that some of our neighboring States have done this and are well pleased with it.

The subject of medical legislation is one that has been heretofore freely discussed by this body, and I am well aware of its unpopularity. Yet, to my mind, it is the plain duty of the profession of this State to continue its efforts in behalf of a wholesome law regulating the practice of medicine and surgery. The inefficieney and inoperative character of the present statute is known to all. There should be created a board of health clothed with authority, and with sufficient means at its command, to not only guard our property and lives when destructive epidemics threaten to devastate our entire country, but they should be clothed with authority to protect the innocent and unsuspecting, by requiring at the hands of all parties wishing to practise medicine in this State satisfactory evidence of their qualification to do so. Surely no one can object to this. To whom, I would ask, do the people look for suggesting suitable laws governing the employment of the teacher in the public schools?—certainly, to those qualified to judge.

Does not the church rely upon her examining committees for the qualified clergy? To whom do the people look for the suggestion and recommendation of suitable laws involving the titles to our realty, and the peace and welfare of the land? Is it not to the learned in the law? Does not the attorney examine his brethren before they are admitted to the bar? Certainly the physician is expected to suggest suitable laws relating to his profession.

And now we say to the people, your present law is a farce, and defeats the very ends for which it was intended; and we say to you, repeal it, and pass another—one worthy the respect and admiration of intelligent people throughout the whole land and country. The present law was not, nor ever has been, in accord with the medical profession. It was passed by politicians as a compromise measure.

The adulteration of food is a subject worthy of study. It is being carried to an alarming extent and is receiving attention in many quarters. Almost all our food, bought in the market, is adulterated, some with simple and others with harmful substances.

I do, most heartily, recommend the establishment of a medical journal by this Society. There is, at present, no such periodical in the State, and the profession has literally no mouth-piece. It would be of inestimable benefit to the profession at large, disseminating medical literature and bringing the profession closer together. It would be the medium of presenting the reports of State and County Society proceedings, their practical and scientific communications, which are now virtually buried and lost sight of.

Next to the public school this country has had no better and more rapid educator than the newspaper. Earnest, honest and fearless journalism has done much, and is a mighty element in the daily education of the people.

The rapid growth and improvement of class journalism proves their need and value. In our own profession we certainly cannot have too much light and discussion. The voice of the reputable physician is not heard on medical subjects in

the daily press, hence the greater necessity for a medium of our own to place the result of scientific study, research and practice, properly before the world. And especially here in this State does the time seem ripe and fit for the establishment of such a journal. By such perodical discussion shall we the more surely obtain the much-needed reformed legislation in the interests and for the protection of the people. Our most worthy and efficient Secretary has informed me that such a journal will not be a financial burden to the Society, but will be self-sustaining. It should be owned and conducted by this Society, and ours will be the first State Society to follow the example of the American Medical Association. I am well aware that this recommendation has been before submitted to you, but was then thought, perhaps, to be somewhat premature. This does not seem to me to be the case now, but something of an immediate necessity. And I would strongly urge its rapid advancement and execution.

And now, in conclusion, I desire to tender you my most grateful thanks for your patient attention and consideration, and to assure you of my hearty support and co-operation in whatever course you may take regarding the foregoing suggestions, and with sincerest sympathy, with all means that will advance your labors in the interest of and for the good of humanity.

The Control Power of Galvanic Electricity Over Hemorrhage, in Cases of Uterine Fibroids and Hyperplasias; Together With Some Remarks on the Electrical Treatment of Fibroids of the Uterus.

BY GEORGE F. HYNES, M. D., FORT SMITH.

[Read at the Fifteenth Annual Session. Little Rock, May 14-16, 1890.]

Various surgical measures have been tried for hemorrhage *caused* by uterine fibroids. The *flow*, it is well to remember, is not from the tumor in these cases, but from the uterus.

For a time many operators removed the uterine appendages.

This operation has been justly condemned, having failed in some, while in other cases a fatal result followed. Dr. Homans tabulates five cases of this operation performed for hemorrhage from fibroid uteri, with one death; one was not benefited, one had a fair result, in two it was good—that is, the hemorrhage was checked in two.

Hysterectomy is more fatal when performed for uterine myofibromata than for other varieties of tumors, probably because of adhesions frequently complicating the operation. One in five dies, and Dr. Keith says ten out of every hundred successful cases in which he removed the uterus or ovaries, sooner or later, developed insanity.

The ordinary measures known to gynec surgery are, like medical treatment, only means of wasting valuable time.

While hemorrhage from relaxed conditions, of which post partem is a type, is known to be amenable to the faradic current, the muscular contractions produced by this form of electricity are not what we want in the type of hemorrhage under consideration.

Electrolysis was first proposed by Apostoli, who used it successfully several years since, though he only published his results some three years ago.

Hemorrhage has been, and is, the danger signal to the woman with a fibroid tumor. How many have gradually bled to death we have no means of knowing. If, then, we have a means of control which has none of the fatality of the hysterectomies or oophorectomies, while at the same time it is more curative than the last named, let us hasten to make use of it.

The appliances necessary are, first, an instrument to measure dossage. Flemming's milliampere-metre is a satisfactory one, to which you may attach Dr. Massey's current controller. Having now the means of measuring and conveniently handling the current, you need a good battery. I use 60-microphone batteries. These give a steady current and prove satisfactory. The electrodes are smaller ones, shaped somewhat like a uterine sound, and an external larger dispersing electrode. For the smaller, the part of the metal not covered

with insulating material should be of gold or platinum, that the acids which are determined from the tissues to the positive pole may not corrode it, unless the attempt made with some success in New York by Dr. Goelett proves practicable, to make of steel an electrode which acids will not corrode. The dispersing electrode is best made of clay, with a sheet of thin lead or other metal placed upon its outer surface, with a conducting wire of copper soldered to it.

Having prepared the patient by the removal of all tight and superfluous clothing, and by making the parts aseptic, the technique is as follows:

Place the dispersing electrode with the exposed clay surface upon the abdomen, make it fast with a binder; connect the wire with negative pole. Have patient assume the Sims position and introduce the intra-uterine electrode, attached to which is a tinsel cord. Connect this cord with the positive pole of the battery.

Having previously put your battery in connection with the controller and milliampere-meter, these are in the circuit with your patient and measure the number of units actually passing, the resistance of the body having been overcome before the indicator moved from the zero mark, the current may be gradually turned on, with the appliances named.

The expressions of the patient and the milliampere-meter now guide the operator. On these he keeps his eyes while with the right hand the controller is turned and with the left the intra-uterine electrode is steadied. From thirty to eighty milliamperes are necessary. I have seldom used above fifty to control hemorrhage. The current may be continued from four to six minutes.

Inter-menstrual applications are desirable, but the measure when indicated, should be used regardless of the catamenia. It may be repeated at intervals according to the urgency.

As illustrating the value of this procedure, I will detail the following case, which is interesting because of its complete history:

Mrs. S—, 40 years of age; married sixteen years since;

barren. Two years after marriage was treated for congestion and ulceration of the uterus, with apparent success, though general health only partially responded. A tender spot in the uterus caused patient in the third year of her married life to be examined; uterine enlargement was found. Four months of treatment failed to relieve, and Mrs. S—, who then lived in Nebraska, went to Chicago. December 15, 1882, was examined in that city by Dr. Hollister and Dr. E. W. Jenks. Fibroid tumor was diagnosed. It was within the posterior wall. Treatment was carried out by Dr. Jenks at his sanitarium for ten and a half months. During this time a nodule, apparently in the anterior uterine wall, appeared. May, 1885, Dr. Jenks again saw patient and found tumor had become sub-mucous. No treatment was advised until further development, which came in the shape of menorrhagia six months later. Each period lasted about seven to ten days, and each month bleeding got worse.

Patient went to New York City, January, 1886, to see Dr. Thomas Addis Emmett, who found a sessile sub-mucous fibroid, with a depth of six inches. He thought removal might be practicable, after a preparatory treatment, in which he might be able to lessen the risk of operation, by reducing the size of the base by traction, thus producing a foot-stalk. When asked how long he thought patient would live without any treatment, he said perhaps six months, though hemorrhage might cause her death in as many weeks.

Patient returned to Dr. Jenks, whose diagnosis and proposed treatment was identical with Dr. Emmett's, January 27, 1886; this treatment to produce a pedicle was instituted. It was continued with various tonic measures until June of same year, 1886.

The tumor by this time had grown and caused distress by pressure, which together with the menorrhagia, was benefited by the six months of treatment.

For the four years prior to my first acquaintance with the case, the tumor gradually becoming larger, caused much pain, and at times the catheter had to be used, though the patient

had found that by pressing with her hands on the supra-pubic region, she could almost always sufficiently assist the bladder and micturition would follow. Retention of urine was the occasion of my first call and the catheter was passed, the patient, being put upon her side with ease, while she had suffered much previously when the medical attendant, in performing a like office, had caused her to assume the dorsal decubitus.

The patient exhibited the pallor and facial expression common to cases of the kind. She was extremely nervous, but unusually intelligent on medicine as it pertained to her disease.

Blood loss had had its effect, for ten or twelve days out of each month were now devoted to this menorrhagia.

Later I gave her the history of Apostolis' method. Dr. Jenks being written to, gave a favorable report, and patient was willing to attempt electrolysis at my hands. Eight positive followed by negative galvano-chemical cauterizations of five minutes each were given at somewhat irregular intervals during December, 1889, and January, 1890. Fifty milliamperes was all patient would tolerate.

While there was decided amelioration of the symptoms caused by the pressure, with a more healthy catamenia, the treatment, which had been conducted at the office, was frequently interfered with and for a time ceased.

The desirability of the steady current generated by the stationary battery caused me to plan for its portability, and I adopted the idea of eight microphone batteries in a box, using four boxes, placing the milliampere-meter on top of all.

In March, was called to this patient, who had, with her husband, recently moved into a new house. Feeling strong she had overworked herself.

From her own written account I take the following sentence: "On March 24, twelve days after menstruation, the blood came from me in a great gush without any symptoms of warning and without pain."

For two or three days, with the use of various remedies there was still blood freely lost at times and a little all the time. Having patiently tried to fulfil the indications by measures that

are usually addressed to uterine hemorrhage, I now with confidence turned my attention to this new ally, which fortunately was all in readiness.

The control was complete, for by using thirty to fifty milliamperes positive galvano-chemical cauterization for five minutes, no flow would follow for from twelve to twenty-four hours. March 29, flow ceased.

Menstruation came on in twenty-three days with nothing out of the natural until the second or third day, when, there being a slight increase, fifty milliamperes positive was administered with excellent effect. The duration of period was five days, with no excess in the total loss over that of health.

Case 2, age 45, multipara: Mrs. K., metrorrhagia. Thought to be due to menopause, caused probably by fungosities.

Three positive galvano-chemical cauterizations to endometrium at intervals of from one to three weeks. From thirty to fifty milliamperes for five minutes. Hemorrhage, which was treated with viburnum and ergot ex. faithfully, but only lessened, was now completely controlled.

Case 3, age 41, Mrs. L.: Chronic hyperplastic metritis with fungosities.

Patient under treatment in 1888 and 1889, after seeing specialist in Washington, D. C., where her case was diagnosed metritis. There was when first seen by me cervical erosion, which was slow to heal. After this was accomplished treatment ceased. A diagnosis of fungosities made upon examination early this year, was followed by patient seeing a physician in one of the larger cities who confirmed diagnosis and advocated the measure of curretting, which I had proposed. Patient came back to me and with the dull instument of Thomas I curretted the uterus. I succeeded in bringing away a considerable amount of the new growths, but there was no bleeding for several days as there had been each time a sound was passed. Have since then given her three positive galvano-chemical cauterizations four minutes, thirty to forty milliamperes, with

marked benefit, and there has been no flow followed the use of the round-shaped intra-uterine electrode.

PATHOLOGY OF UTERINE FIBROIDS.

The tumor family is characterized by independence of development. Their own inherent activity, which is different in degree and kind from, and sometimes independent of, the surrounding tissues, is the cause of their increase. The new formations are classed as myomata or myofibromata. The myomata probably always originated from muscle; they are therefore homolagous. In most of these growths, as they arise from the uterus, especially in the older ones, there is a large proportion of connective tissue; hence, the name fibroid.

They are called intra-mural subserous or submucous. The fibroid that is now within the walls may, by its proximity to the uterine or the abdominal cavity, become submucous if nearer the endometrium, or subserous if it can more easily approach the peritoneum.

The uterus is the most common site of the myomata, where they are often multiple. Their growth is slow. The cysts which are sometimes found in these growths are caused by mucoid softening. Clinically innocent the undegenerate fibroid causes symptons of a very distressing nature at times. Hemorrhage having been noticed above, there yet remains to be named, pressure upon the bladder, rectum and sacral plexus.

It has been hinted that the operative treatment of fibroids, viz.: hysterectomy and oophorectomy is not for many reasons desirable. Dr. A. J. C. Skene, of Brooklyn, N. Y., says he is of the opinion that the records of that city and the one over the bridge, will show that more cases have died from removal of the uterus and ovaries, than have died from fibroids which have been allowed to go entirely without treatment.

ELECTROLYSIS.

Two effects are sought in the electrical treatment of these new formations. First the galvano-chemical, produced by internal smaller electrode. Second, the inter-polar effect. The

last named, that produecd between the poles, has been denied by some speakers high in position. The objectors are most ably answered by the experiments of Dr. Buckmaster, whose results have been confirmed by Dr. Van Cott. His experiment consisted in passing a current of forty milliamperes through a portion of the heart of a dog, previously anesthetized. Sections were then made from the tissue outside and also that in the line of the current. The latter when placed under the microscope showed that the striæ had become markedly granular, while no change could be noticed in the tissue which was without the line of the current. If the tumor tissue subjected to the current were examined there would no doubt be found changes still more marked as the cells of new growth are more readily attacked by degenerative changes than are those of normal tissues. The clay electrode having undergone evolution has been retained as the best. Dr. Martin attempted to substitute for it a bag of water with a metallic outer cover. Other Americans have endeavored to make the clay more cleanly and convenient; Dr. Massey, by enclosing the clay in a muslin bag; Dr. Lapthorn Smith took the "Martin," which was filled with water, and substituted clay for the water, the latter being apt at times to burst from its membraneous sack and deluge the patient. Dr. Glascow used a leather outer rim and cover, thus protecting the patient's clothing from the otherwise unavoidable wetting due to seepage from the wet clay. I submit an appliance for the convenient use of the clay, which is made of rubber, the heaviest in use by dentists for dams. It is made of an outer rim of rubber, enclosed in which a spiral wire is arranged which tends to keep the rim in shape. Made fast to this rim is a cover of rubber through which the connecting wire is passed to be soldered to the plate of tea-lead, the latter lying upon the inside of the cover. The clay fills the rubber pan thus formed. Over this is drawn a thin muslin cap. This conforms readily to the contour of the abdomen and is cleanly.

In making an intra-uterine gold electrode it is better to use twenty-two or twenty-four carats fine, else the passage of the

current, by causing crystalization, may leave it so brittle that it will be broken in utero. This accident has happened to me, but I now use a flexible one made of virgin pure gold.

The form of treatment under consideration is yet new, and the attempts to dogmatize regarding it have not been more successful than one would anticipate.

Dr. Munde thinks that galvano-puncture is the only means of cure. He reports four cases of complete restoration by this method. The many observers think with Apostoli that cases occur which only require galvano-chemical cauterization. Dr. Massey, in Maryland Medical Journal, February 22, 1890, reports two cases of anatomical cure by the latter method, no puncture being made.

Various writers contend that hemorrhage in these cases is controlled wholly by the chemical cauterization of the metal electrode brought into contact with all the bleeding surface. This may be questioned. Acids are called from the tissues by positive galvano-chemical cauterization. May not these acids take some part in the styptic effect? Electrolysis has been successfully used to coagulate the blood and thus cure aneurism.

Certain it is that in the cases I have reported, where uterine hemorrhage has been checked, that no attempt was made to move the flexible gold electrode in utero. The whole of the bleeding portion of the endometrium was not touched by it, but it is true the blood may have become a part of the electrode, thus conducting the current to the mouths of the vessels. Dr. Apostoli injects a mucilage, gelosine, which allows the electrode to be plunged into it. Being a good conductor it carries the current to the surface that is bleeding.

Some gentlemen who have accorded to the Apostoli method success in the treatment of simple fibroids say: Do not touch one after cystic degeneration has attacked it, but Dr. Gehrung of St. Louis has designed a canula and trocar electrode by means of which tapping the cyst and galvano-chemical cauterization can be accomplished at the same time. Dr.

Goelet of New York has made a somewhat different instrument, but the principle is similar.

The description of the treatment as applied to hemorrhage gives briefly the plan for the cure of fibroids, except that having subdued the hemorrhage with positive galvano-chemical cauterizations, change to the more active negative pole is indicated. The change of pole while the intra-uterine electrode is in situ is an easy matter, and thus prophylaxis of hemorrhage can be had while the softening effect of negative galvano-chemical cauterization is made to hasten the reduction of the tumor. In this method the dispersing electrode should be so placed that the current will flow through the tumor. The effect of galvano-puncture is identical with, but more direct, than the above. The tumor tissue is pierced a little more than a half inch in depth by a gold spear-pointed electrode that is insulated to within a half inch of its point. The tumor is thus reached from the vagina. It is suggested that puncture be always done with an electrode of the trocar and canula type. That this idea will probably be adopted as drainage when it proves necessary is thus insured.

SUMMARY.

First. That in the existing state of medical science electrolysis is the measure indicated in the treatment of uterine fibroids.

Second. That hemorrhage from the fibroid uterus is amenable to this manner of administering electricity.

Third. That it is a measure which properly carried out is fraught with the minimum of danger to the patient.

Fourth. That careful dosage as attained by strict measurement of number of milliamperes is necessary to its proper administration.

Fifth. That electrolysis is competent to bring about complete cure in a good proportion of cases.

Sixth. That this anatomical cure can he had with galvano-chemical cauterizations with suitable pole, without the electrode being introduced into the structure of the tumor, in favorable cases.

Seventh. That positive or negative galvano-chemical cauterizations with puncture, may cure when failure to more than relieve symptoms results from same without puncture.

Eighth. That the cystic variety may properly be treated by using the electrode of Dr. Gehrung or that of Dr. Goelet.

Chronic Ulcers.

BY EDWIN BENTLEY, M. D., U. S. A. (RETIRED), LITTLE ROCK, ARK.

[Read at the Fifteenth Annual Session, Little Rcok, May 14-16, 1890.]

Chronic ulcers have long been regarded as the recognized opprobrium of surgery. They come within the range of every practitioner, old and young, and every one feels that he has a full share. For, as all know, they are at once offensive, intractable, and alike repulsive to both patient and attendant. As their origin depends on different causes, so the treatment and results are alike variable. They may be divided, for the convenience of description as well as the application of remedies, into three more common forms: those depending on some mechanical source of irritation; those depending on morbid constitutions of the blood, and those which are the sequelæ of some organic disease, all naturally grave enough conditions; but all may be modified or completely eradicated by proper, judicious and persistent treatment. As a fair representation of the mechanical cause, the ordinary (so-called) fever sore may be taken. Beginning as a periostitis unrecognized in its incipiency, the long train of associate and destructive maladies follow, such as ostitis, osteomylitis, casies, necrosis, gangrene, slough and continued suppuration. In the management of this form prevention is better than cure, as everywhere else. But unfortunately it is not always clearly made out at its inception, or to the embarrassment of all concerned, the surgeon may be compelled to have recourse to palliative measures, instead of what may be regarded by the patient and others concerned as heroic alternatives. The relief of tension which results from the inflammatory process, is the key to the citadel, and in the begin-

ning commands the situation and prevents the destructive process which precedes the death of the bone, and the long and painful train of suffering encumbent upon the pathological workings. The morbid action depends in its incipiency on some traumatsm, more or less marked. Its base of operations is very extensive. No portion of the osseous framework is exempt from its devastative work, although some parts, from their greater exposure, give us more frequent examples of it. The prehensile organs, as the phalanges, are the frequent seat of whillow or felon: the short bones are often found where sinusses is the strumows. In the long bones, where after years of misery, large portions of the shaft are destroyed in the form of sequestri, when nature has attempted to produce new bone more or less complete as a substitute, so the process of repair goes roughly on; in the short bones when cavities become extensive; when the bodies of the vertebræ are involved, as in disease of the spine; as in Pott's disease or the head of the femur, as in hip disease. In all of these by the recognition of the malady in the beginning, and the suppression of its ravages by subduing the inflammatory process by surgical or mechanical appliances, or both, serious deformities may be overcome and years of diseased action aborted. Often after the destructive processes have exhausted themselves, surgical skill is brought into requisition, when the best endeavors at repair, of the loss of structure or disorganization of parts already affected, and the wasted and emaciated condition of the subject, with the consequent functional derangement, can only be relieved with inevitable deformity, while at the onset judicious treatment, and a proper recognition of the gravity of the case, would have indicated to the experienced the remedies that would have kept all the parts intact, and the desired symmetry of form would have been preserved.

Those depending on morbid conditions of the blood have their expression in the old indolent ulcers which run on for years, scarcely better or worse, unless from some acute or special cause there may be more or less derangement of the general system from functional disorders. Those patients are

commonly the subjects of irregular habits, crude diet, often illy prepared and taken at irregular hours, poorly masticated or not at all; ruminants that imperfectly prepare the food for digestion, hence much of the nutritious properties of the ingestæ is lost, or worse, is occupying space as a foreign body, with its attendant evils, which should be occupied by wholesome food. And if this were not enough to engender and perpetuate diseased actions in innumerable ways, they are the constant recipients of impure air from occupation or habitation, or both. All hygienic measures are abandoned or were never in operation; general ablutions are so infrequent, if ever made at all, that summer and winter, heat and cold may be deciphered from the varying layers of excreta on the surfaces more clearly than the hieroglyphics of antiquity. With such surroundings healthful action on an open surface could scarcely be expected to take place, even were the surface not continually irritated by impure application, vain and ignorant attempts at cleanliness, or filthy dressing, applied in a way to obstruct the already embarrassed circulation and chafe away the weak and tender granulations. Of necessity a raw surface under such circumstances must remain covered only by an ichorous and fœtid discharge more irritating, if possible, than the putrid dressings, instead of nature's own covering to a granulating surface, sweet, yellow, laudable pus. What now is the course of procession? The rolls of bandages and unguents that so far rent the nation in those days of wounds and suppuration that the sanitary commission became an important auxilary, how gladly would I recall, were it possible, my apparent and well intended kindness in the execution of duty by the accumulated applications of lint, plaster and bandage, where good endeavors were only accessories to engender and encourage the suppurative processes, until the life of many a poor fellow was smothered, absorbed or floated away in the pus accumulations. What, then, is the progressive treatment of the day for chronic ulcers of this class? It is simple, plain and sure, personal hygiene. The tenderest care of the granulative process, restoration of the normal functions of the body,

healthful exercise of body and mind, absence of intoxication, even and well-graduated support of the part, either body or limb, light and gentle applications frequently wet with antiseptic lotions of sufficient strength to be germicidal without being irritants. With these certain success is sure to crown your well directed and persistent efforts. Every one will have his favorites in this line, as in others; for myself the corrosive chloride, as a solution, has given satisfaction, and the salts of bismuth as a powder. With these as local applications I am as content as an army surgeon I once knew who wished no more diffusive supplies from the medical purveying depot than a few opium pills and a can of Epsom salts to take a regiment of troops overland from Omaha to Sacramento in 1860. It is true that much time is expended in searching for new remedies that could be well devoted to the development of the latent properties of the old.

The third class of chronic ulcers results from the degeneration of tissue in malignant diseases, of which the schirrus form of carcinoma gives us frequent examples both in the mammæ and the uterus. The ulcerations consequent upon specific diseases are common enough in the various manifestations of the syphilitic virus. Here hygienic measures locally and internal treatment generally affords the only means of eradicating the malady on the one hand and ameliorating it on the other. The points I wish to make especially are, that the successful management of all forms of chronic ulcerations consists essentially in removing, as far as possible, the cause; never neglecting the general system; and in abandoning the vague and obsolete idea that local remedies of themselves possess any healing virtue.

The State Society.

Minutes of the Fifteenth Annual Session, Held at Little Rock May 14, 15, 16, 1890.

FIRST DAY.

The Society met in the Senate Chamber, and was called to order by the President, Zaphney Orto, M. D., at 11 o'clock a.m.

Prayer was offered by Rev. John H. Dye.

Dr. C. E. Nash delivered the address of welcome.

The Committee on Credentials reported the registration of the following Delegates, permanent members and applicants for membership:

Delegates.—Drs. W B. Barner, T. A. Coffelt, J. W. Coffman, E. R. Dibrell, D. C. Ewing, L. J. Gillespie, C. C. Gray, D. A. Gray, W. W. Hipolite, George F. Hynes, R. G. Jennings, W. T. Joyner, J. M. Keller, W. B. Lawrence, R. W. Lindsey, T. A. McLarty, H. Moulton, J. B. Payne, J. W. Pipkin, S. M. Taylor, M. G. Thompson A. W. Troupe, J. A. Williams and A. J. Vance.

Permanent Members.—Drs. W. T. Stanley, D. P. Ruff, R. M. Drummond, Z. Orto, T. E. Murrell, A. L. Breysacher, L. F. Gibson, N. Weny, J. S. Corn, E. Meek, G. W. Hudson, P. O. Hooper, J. H. Lenow, P. Dickinson, C. Watkins, Edwin Bentley, R. B. Christian, C. E. Nash, J. H. Southall, R. N. Ross, D. J. Prather, J. L. Blakemore, B. Hatchett, W. H. Hill, J. H. Leslie, P. H. Pendleton, J. F. Blackburn, A. C. Jordan, J. T. Jelks, A. H. Scott, A. B. Moore, J. R. Dale, A. R. Banks and J. S. Shibley.

Applicants for Membership.— Drs. M. G. Thompson, Adam Guthrie, Jr., C. C. Gray, J. A. Williams, C. M. Lutterloh, W. T. Joyner, J. W. Pipkin, H. C. Dunavant, W. F. Williams, L. J. Gillespie, T. A. McLarty, J. B. Payne, W. T. Bailey, J. P.

Fletcher, W. M. Bittinger, G. W. Hudspeth and G. A. Coors.

The report was adopted and the applicants were elected to membership.

Dr. Murrell rose to a question of privilege, and stated that he had a question that he desired to have referred to the Judicial Council. Referred.

The reading of the Minutes was dispensed with.

The President having called Vice-President Murrell to the Chair, proceeded to deliver the Annual Address. (See p. 3.)

The address was referred to a special committee of three, and the Vice-President appointed as such committee, Drs. D. C. Ewing, J. A. Dibrell, Sr., and R. B. Christian.

The President resumed the chair and announced the appointment of Drs. J. A. Dibrell, Sr., A. J. Vance, W. B. Lawrence to fill vacancies on the Judicial Council, caused by the absence of Drs. A. A. Horner, J. A. Dibrell, Jr., and T. W. Hurley. Recess.

AFTERNOON SESSION.

The Society was called to order by the President at 2 o'clock.

The afternoon was consumed in the reading the following papers, and a discussion on the subject of poisoning by belladonna and opium:

The address on the "Practice of Medicine," by Dr. Claibourne Watkins, chairman of the committee; "Typho-Malarial Fever," by Dr. S. R. Cates; "Epistaxis an Hepatic Disorder," by Dr. J. C. Minor; "Philosophy in Medicine," by Dr. C. E. Nash, and "Notes on Parotitis from Typhoid Fever," by Dr. A. J. Vance.

EVENING SESSION.

The Society met at 8 o'clock, the President in the chair.

The evening session was devoted to the discussion of the papers that were read during the afternoon meeting. They were all referred to the Publication Committee.

Adjourned.

SECOND DAY.

Vice-President Murrell called the Society to order at 9:30 o'clock a.m.

The Secretary read a congratulatory telegram from the Kentucky Medical Society, and was instructed to send a suitable reply.

The Special Committee on the President's Address reported as follows:

Mr. President: We, your committee appointed on President's address, beg leave to report as follows:

(1.) In regard to suggestion as to a reorganization of the Society, we do not deem such a proceeding at all necessary or expedient.

(2.) We do not think the adoption of the section plan as recommended, instead of the present standing committees, at this time practicable or proper.

(3.) The President's views and suggestions regarding medical legislation, we most heartily indorse in toto, and your committee would also urge renewed efforts in this direction as indicating and maintaining at least the position of organized medicine with regard thereto.

(4.) We most cordially concur in the suggestion with regard to the establishment of a Medical Journal as the organ of this Society, and would further suggest, in carrying out this idea, the appointment of a committee of five on Medical Journal. Respectfully submitted,

D. C. Ewing,
J. A. Dibrell, Sr.,
R. B. Christian,
Committee.

The report was received and discussed at length.

Dr. Keller moved that all past dues be remitted.

Dr. Gibson moved as an amendment, that the question of remitting arrears be referred to the Judicial Council. Lost.

Dr. Keller consented to the reference to the Council, and, on motion of Dr. Moulton, it was so referred.

Dr. Moulton moved that a committee of three be appointed by the chair to formulate plans for forming sections, as suggested by the President, and that the committee be instructed to report to-morrow morning. Carried.

Drs. Moulton, Keller and Jennings were appointed.

Dr. Ewing moved that the Society establish a journal to be conducted on the same plan as The Journal of the American Medical Association.

Dr. Keller introduced the following resolutions, as a substitute for Dr. Ewing's motion:

"*Resolved*, That this Society establish a medical journal to be conducted on the same general plan as The Journal of the American Medical Association.

"*Resolved*, That a committee of three be appointed to formulate plans and details for properly conducting this journal, and that the committee be instructed to report to-morrow morning."

The resolutions were adopted, and Drs. Keller, Ewing and the Secretary were appointed as the committee.

The Publication Committee reported as follows:

LITTLE ROCK, ARK., May 10, 1890.

Mr. President: The Publication Committee respectfully report that the proceedings of the last meeting were published as speedily as circumstances would permit. The vexatious delays are generally caused by papers being held for revision, or being so hurridly prepared in the first place as to necessitate rewriting entire.

We think it would be well to enact a rule that all persons desiring to read papers shall place copies, ready for publication, in the hands of the Secretary at least ten or fifteen days before each meeting. A resolution having the same purport was adopted at Fort Smith two years ago, the only penalty for non-compliance therewith, being that the party failing to comply with their promise should be considered as discourteous to the Society. Very respectfully,

L. P. GIBSON,
Ex-Officio Chairman.

The amendment to the Constitution to abolish the Committee on Medical Legislation was, on motion, laid on the table.

The Board of Visitors to the Medical Department of the Arkansas Industrial University, reported as follows.

Mr. President and Gentlemen:

By request of Dr. D. C. Carroll, chairman of your Board of Visitors, who writes me that he finds it inexpedient to meet with us at this time, I have the honor to submit the following report; and, in so doing, I will take occasion to state that I am the only member of the Board who was present to witness the examinations of the candidates for graduation at the close of the last session of the Medical Department of the Arkansas Industrial University. Having served on the Board for a number of years in succession, during which time I attended the examinations at the close of each term, I am enabled to note something of the comparative degree of proficiency attained by the members of each class.

As heretofore, in all departments of the College, the examinations were conducted in a thorough and critical manner, and the results are highly creditable alike to the faculty and to the students. While in the class of a year ago, and others, there were members who were unexcelled in brilliancy of attainments by any member of the late class, the grade of scholarship in the latter was more uniform than in any of its predecessors.

The College is doing good work and its influence is felt in most parts of our State in furnishing the people with a class of intelligent and qualified physicians to replace the incompetent practitioners, who are being gradually crowded out. In my opinion the College is doing more for the benefit of the public and for our profession than is being done by our so-called medical law to regulate the practice of medicine; and that during the next decade it will do more to improve the grade of practitioners in our State than is likely to be done by any medical law which is likely to be passed and enforced. If such be the case, the members of this Society owe it to the public and to our profession to do what they can to promote

the growth of this institution by sending their students here to be educated.

If a Board of Visitors is to be appointed annually by this Society, I would respectfully suggest that the Secretary be instructed to call the attention of the incoming President to the importance of appointing on such committee members who will be likely to attend the annual examinations.

W. W. HIPOLITE, M. D.

Dr. Hooper reported verbally as chairman of the delegation to the American Medical Association, calling attention to the manner of obtaining membership by application, and urging the members to avail themselves of the opportunity.

Dr. Southall, chairman, read the report of the Committee on Medical Education, as follows:

Mr. President and Gentlemen of the State Medical Society:

In consideration of the fact that your time has heretofore been occupied in listening to the lengthly perusal of the instructive reports from your Committees of previous years on Medical Education, without much, if any, apparent good resulting therefrom among the laity or the law-maker tending toward the elevation of the standard of education in this department of science, your present committee have determined as the wisest and best course to pursue, to make their report brief, and summarize in as few words as practicable, what, to them, is seemingly most demanded by the public and the profession in the accomplishment of the work desired by your Society.

First. They would suggest as a prerequisite to the admission of an applicant for matriculation in a medical college, that the said applicant be required to exhibit to the Dean of the medical college a certificate or diploma from some public high school, academy or college, as to his qualification in letters; and, in the absence of such certificate or diploma, that he be then required to pass an examination before a board of competent persons, not connected with the medical college,

who shall determine his status in this respect, and either admit him as a matriculant or reject him as such.

Second. The term of study should be prolonged, and that too notwithstanding the generally recognized fact of American aptitude to grapple with subjects of scientific research.

The growth and great advancement within the past twenty years of physiology, pathology and bacteriology, a knowledge of which is to be acquired only through clinical study and experimental work in the laboratory, makes it necessary to afford the student additional time over that of the present duration of the term of study, to cope with all of this fundamental ground work upon which the science and art of medicine is based.

The duration of medical education in this country should be four years, and if the profession will insist on this, and that the course of instruction shall be a graded one, thorough in character in the lecture room, laboratory, hospital and dead-house, you may hope to perfect the student and also prepare him for the duties that lie before him.

Third. With a view toward obviating the abuses connected with the present mode of issuing licenses for the practice of medicine and surgery in the State, and also prevent a downward competition in the granting of State license, and to insure the efficient administration of laws pertaining to this end, it is suggested that the members of this Society advocate before the people and the would-be representatives of the people in the approaching Legislature, the enactment of a law fixing the sole power of granting license to practise medicine and surgery in the State in a single board, this board to be comprised of one or two members from each Congressional District and two from the State at large; and to prevent incompetent membership on said board, as also any undue pressure of partisan politics, this Society should nominate to the Governor a list of persons qualified to perform the duties imposed on said board. This State board should examine all applicants for license to practise medicine and surgery in the State, thoroughly on all branches of medicine and surgery,

and if the applicant hold any peculiar belief in theraupeutics, such as homœpathy or eclecticism, he shall be examined on this branch by a competent licensed physician of same belief, who shall be appointed by the Governor, upon the recommendation of that State Medical Association representing such particular school of medicine. These appointees composing one of the two selected from each Congressional District.

Respectfully submitted by

J. H. SOUTHALL, *Chairman.*

The report was adopted.

Dr. R. G. Jennings, chairman, read the following report of the Committee on Medical Legislation:

Mr. President and Gentlemen:

The report on this subject at our last meeting in Pine Bluff elicited considerable warm discussion as to whether renewed efforts should be continued by the members of this Society through this important committee, or that this said committee should be abolished, and all further endeavors in this very commendable and laudable direction be abandoned as far as this Society was concerned.

It will doubtless be remembered that your present chairman of this committee was *uncompromisingly* in favor of *never abandoning one single fractional iota* of the principle involved in this proposed beneficiary design, contemplated by the original establishment of this committee on medical legislation, notwithstanding its repeated inability to successfully accomplish the grand purpose it had ever in view in all the long years of the existence of this Society.

As long as this Society possesses vitality and its members are sufficiently alive to manifest enough interest in its proceeding to attend its meetings, then there ought surely to exist an amount of energy to at least warrant a continuance of this struggle until we shall achieve some satisfactory solution of this problem commensurate with the work that has been expended in its pursuit.

The history of nearly every reform undertaken for the amelioration of the condition of mankind, has generally been but a record of futile, unappreciated and unsuccessful efforts until weary and almost disheartened in the advocacy of the cause so long and so well espoused, some unexpected turn in the affairs of men, have changed materially the purposes and aims, that at last success perches upon their banner, and a glorious reward has ultimately crowned their unceasing labors.

"It is a long lane that never turns," and the present medical laws of the State of Arkansas cannot endure forever. It is, therefore, eminently meet and proper that we, having once undertaken to accomplish a certain purpose, however difficult, just so long as a vital principle is therein involved, and we are fully convinced that it is proper, just and right, then let us continue the good fight, and show our faith, even if we continue to be so unfortunate as not to be followed by the works sought. In either event let us exert ourselves, put forth our best effort, and, God willing, we will succeed in the end.

It was so stated and fully understood at our last meeting, that nothing could be expected to be accomplished the past year, as our State Legislature would not convene prior to January, 1891, therefore, your committee has not considered it of any practical importance to expend any great energy either in devising a new path to follow when the Legislature meets, as such a course could but invite criticism, whether merited or not, without beneficial results; or plainly and simply state the actual condition extant, and request a continuance of the committee, trusting that some change for the better may be brought about, or that the present worse than useless act now regulating by pretense the practice of medicine and surgery in the State of Arkansas, may be repealed.

All of which is respectfully submitted,

R. G. JENNINGS, M. D.,
Chairman.

Dr. Hynes introduced the following resolution:

"*Resolved*, That the report of the Committee on Medical Legislation be so amended as to include the idea recom-

mended by the Committee on Medical Education—the appointment of one board only, known as a State board, and the repeal of all existing laws on the same subject."

The amendment was adopted and then the report, as amended.

Dr. Hipolite, chairman of the Committee on Necrology, reported the following deaths among the members of the society, and stated he would have their obituaries ready for publication, viz.: Drs. W. S. Evans, Excelsior, Sebastian County; P. C. West, LaGrange, Lee County; J. A. Stamps, Wallaceburg, Hempstead County; H. L. Alexander, Pine Bluff, Jefferson County; W. J. Watkins, Walnut Ridge, Lawrence County.

The Special Committee appointed at the last meeting to confer with the Arkansas Association of Pharmacists, reported as follows:

Mr. President and Gentlemen: June the 10th, A. D., 1889, I received from L. P. Gibson, M. D., Secretary, the following note:

"SIR: I have been instructed by the President to notify you of your appointment as chairman of a committee of three, on the part of the State Medical Society of Arkansas, to visit the Arkansas Association of Pharmacists during their meeting at Little Rock, commencing Tuesday, June 11th inst."

This committee has been appointed in accordance with a request from a committee of the Association of Pharmacists, with the view of considering matters of mutual interest between the two professions, but more particularly the use, by physicians, of the "National Formulary."

The other members of the committee are J. H. Southall, M. D., and C. Watkins, M. D. These two members of the committee were at once notified to meet me personally at a stated hour the next day, and carry out the design and object of this committee.

The committee therefore, in obedience to this notice, repaired, June 11, 1890, to the Senate Chamber of the State

Capitol, and upon presenting their credentials were very cordially welcomed, and treated with the utmost courtesy.

The chairman made some appropriate remarks in furtherance of the allied plenary association of the two organizations, and their necessary and natural co-relation in all matters pertaining to the general progress and advancement of each.

However, nothing was consummated of a definite character, or future plans formulated, other than the expressions of generous sentiments of mutual good will, and a better and healthier understanding of the "National Formulary" in the not very distant future.

Your committee were very agreeably entertained, and herewith acknowledge that the Arkansas pharmacists impressed them with the conviction that their Association was an earnest and live assemblage, whose members, individually and collectively, seemed thoroughly imbued with the true spirit of progress.

Your committee were also convinced that this Association and our Society have in many respects a co-operative work before them, and that a harmonious consideration of questions wherein the interests of each organization is concerned, should be amicably cultivated

Very respectfully,

R. G. JENNINGS, M. D.,

Chairman of Committee.

The report was referred to the Publication Committee.

The Secretary submitted the subjoined annual report:

LITTLE ROCK, May 10, 1890.

Mr. President: I respectfully submit the following report, as Secretary, for the year, since my last report:

At the commencement of the meeting at Pine Bluff last year the Society had a membership of 187; there was added at the last meeting 26 members, making the membership at the close of that meeting 213. During the year five members have died and one has removed from the State, leaving the number of members at the present time 208. This shows an increase of membership amounting to 21.

The minutes of the last meeting were completed immediately after the adjournment of the Society.

The amount of clerical work is increasing every year, especially that much of it which is devoted to getting members to prepare papers for our meetings.

The Code of Ethics, published two years ago for distribution, yet remains undistributed for the same reason stated last year, that the resolution directed that they should be distributed to the *County Societies* instead of to the members *pro rata*.

I have been notified of the formation of a new Society at Hot Springs.

Very respectfully,

L. P. GIBSON, *Secretary*.

On motion of Dr. Jennings, the Secretary was instructed to send a copy of the Code of Ethics to every physician in the State, and to distribute the remainder *pro rata* among the members of this Society.

The Treasurer reported receipts and expenditures as follows.

Total on hand last report	$ 56 30	
To cash received from members since then	380 00	
Total receipts		$436 30
By amount expended as per accompanying vouchers		424 00
To balance on hand		12 30

The report was received and referred to a special auditing committee composed of Drs. R. G. Jennings, M. G. Thompson and Coffman.

Recess.

AFTERNOON SESSION.

The President called the Society to order at 2:30 o'clock.

Mr. M. G. Anderson, a Delegate from the Arkansas Association of Pharmacists, was introduced and read a paper on the subject of the National Formulary, and presenting a number

of preparations that had been made according to its formulæ.

Mr. J. E. Gibson, also a Delegate from the Association of Pharmacists, asked the co-operation of the Medical Society in procuring needed legislation.

The following resolution was adopted:

WHEREAS, Confusion frequently arises by the existence of several formulæ for the same preparation, and there being no standard authority for many preperations often used in the practice of medicine; and

WHEREAS, The National Formulary offers formulæ for many of these unofficial preparations; therefore, be it

Resolved, That hereafter we recommend, use and prescribe the preperations of the National Formulary in preference to similar preparations wherever or whenever such are demanded in our practice.

Mr. Anderson's report was referred to the Publication Committee.

The subjoined resolutions were also adopted:

WHEREAS, The pharmacists are endeavoring to secure from the Legislature statutory enactments restricting the dispensing of medicine to qualified persons; and

WHEREAS, This undertaking is directly in the line of the progress of medical science, as well as of the safety of the public; therefore, be it,

Resolved, First, That the State Medical Society of Arkansas most heartily approves this laudable enterprise, and hereby pledges its co-operation by all means in its power for the accomplishment of the work.

Resolved, Second, That we recommend our members throughout the State to use their personal influence with their Senators and Representatives to secure legislation on this important subject, similar to that which prevails in nearly every State in the Union.

The Secretary read a communication from the Woman's Christian Temperance Union relating to the use of alcoholic liquors as prescriptive remedies, and also as a beverage for the people.

Dr. Shibley moved that the communication be referred to a special committee of three.

Dr. Prather moved as an amendment that the W. C. T. U. be referred to the former action of this Society on the same subject. Carried.

Dr. Hatchett, chairman of the committee, read the address on surgery.

Gov. Eagle, being in the audience, was, on motion, invited to a seat by the President.

Dr. Hynes read his paper on "Control Power of Galvanic Electricity over Hemorrhage in Cases of Uterine Fibroids."

Papers were read and received as follows:

By Dr. Murrell on "Naso Pharyngeal Fibromata;" by Dr. Moulton on "Intra Nasal Surgery;" Dr. Orto (Vice-President Murrell in the chair) on "Supra Pubic Cystotomy;" Dr. Hudson "Report of a case of compound fracture of frontal bone with loss of brain substance;" Dr. M. G. Thompson on "Reorganization of Blood Clot After Resection of Tibia," with specimen; Dr. Watkins', "Report of a case echinococcus of the liver," and a "case in which a plate and four false teeth were swallowed."

Recess.

EVENING SESSION.

The evening was occupied in discussing the papers that were read during the afternoon, all of them being referred, after discussion, to the Publication Committee.

Dr. Keller rose to a question of privilege and stated that he had been called home, and anticipating the action of the other delegates, he invited the Society to meet at Hot Springs next year.

Adjourned until tomorrow morning.

THIRD DAY.

The President called the Society to order, Friday, May 16, at 9:30 a. m.

The Committee of Arrangements made their final report.

On the question of remitting dues, the Judicial Council reported as follows:

"The following decision was adopted by the Judicial Council: That all members in arrears for dues, previous to the year 1890, be relieved from payment of the same, and the Secretary of the Society be requested to notify such members accordingly."

Signed: D. C. EWING, *President pro tem.*
A. J. VANCE, *Secretary.*

The Special Committee on the Journal, made their report (see editorial first page), which was adopted.

The committee appointed to audit the accounts of the Treasurer, reported that they had performed that duty and had found the books and accounts correct.

On motion of Dr. N. G. Thompson, the Treasurer was allowed $10 per annum for clerk hire.

The Special Committee on Formation of Sections submitted as their report the following resolutions:

Resolved, That it is the sense of this Society that at our next annual meeting the following proposed amendments be adopted, viz.:

The scientific proceedings of this society shall be conducted in three sections: One on Practice of Medicine, one on Surgery, and one on Obstetrics and Gynecology. Each section to hold its sessions in the afternoons and evenings at each annual meeting, as may be arranged for by the Committee of Arrangements.

The Nominating Committee shall nominate for each section a President and Secretary, whose duties shall be such as usually devolve upon such officers.

Resolved, also, That the Nominating Committee at this Session nominate officers for the sections named, to be elected by the Society, and that our next meeting be conducted according to the provisions of this proposed amendment; *provided* it shall be adopted.

H. MOULTON,
J. M. KELLER,
R. G. JENNINGS.
Committee.

The resolutions were adopted.

Dr. Bentley read his paper on "Chronic Ulcers."

Dr. Hudson read the address of the chairman of the Committee on Gynecology and Obstetrics.

The Secretary read for Dr. Loving, who was absent, his paper on "Ante and Post-Parturient Hemorrhage."

A "Report of a Case of Vaginal Hysterectomy for Removal of Carccinomatous Uterus," was read by Dr. J. T. Jelks.

A paper was read by Dr. Hatchett, for Dr. Wright who was absent, on "Maternal Impressions." A vote of thanks was tendered Dr. Wright for his paper.

The report on State Medicine was read by Dr. Vance, the chairman of that committee.

Dr. Watkins read his paper on "Laparotomy for Removal of Both Ovaries."

All of the above papers were received and discussion was postponed until the afternoon session.

Recess.

AFTERNOON SESSION.

The Society reassembled at 2:30 o'clock, and was called to order by the President.

The Secretary read the following decision of the Judicial Council.

"In the matter of charges preferred against Dr. John R. Dale, a member of the State Medical Society of Arkansas, for unethical and unprofessional conduct, the Judicial Council reports as follows:

"Testimony supporting said charges was taken. On this last day of the session, Dr. John R. Dale comes before the Judicial Council and admits the truthfulness of one of the charges, and for the viclation of the Code of Ethics thereby acknowledged, the Judicial Council considers him as deserving the censure of the Society.

Dr. Dale further said that he did not know the nature of the other charges until to-day, and that he can produce evidence in rebuttal of the said testimony against him. At his

request the case is continued until the next annual meeting of the State Medical Society.

P. O. Hooper, A. J. Vance,
J. A. Dibrell, Sr., J. S. Shibley,
B. Hatchett, W. B. Lawrence,
J. S. Corn, D. C. Ewing,

May 16, 1890

Dr. Shibley read by title his paper on "Cerebro-spinal Meningitis," and it was referred to the Publication Committee.

The afternoon session was spent in discussion of the various papers that were read in the morning session, and the papers were all referred to the Publication Committee.

The Secretary read the names of the following members who had been selected by the different delegations to constitute the Nominating Committee:

T. A. Coffelt, Benton County; A. J. Vance, Boone County; M. G. Thompson, Hot Springs Society; W. B. Lawrence, Independence County; S. M. Taylor, Jefferson County; L. J. Gillespie, Lawrence County; J. A. Williams, Lee County; R. W. Lindsey, Little Rock Medical Society; J. S Shibley, Logan County; W. F. Williams, Prairie County; H. Moulton, Sebastian County; W. T. Stanley, Drew County; J. S. Corn, Howard County; R. N. Ross, Lonoke County; P. H. Pendleton, Lincoln County; J. F. Blackburn, Franklin County; H. C. Dunavant Mississippi County; J. A. Dibrell, Sr., Crawford County; G. W. Hudson, Ouachita County; A. C. Jordan, White County; Adam Guthrie, Jr., Cleburne County.

Dr. Gibson introduced the following:

"Whereas, By a recent change in the Constitution the number of members on the Nominating Committee is greatly increased, and

"Whereas, The adoption of the section system will necessitate the election of six additional officers; therefore, be it

"*Resolved*, That the resolution adopted at a former meeting of this Society, stating that it would be indecorous to elect a member of the Nominating Committee to office be rescinded."

Adopted.

On motion of Dr. Prather, the Secretary was voted an honorarium of $150.

Recess.

EVENING SESSION.

The Society was called to order by the President at 8:30 o'clock.

The Nominating Committee's report was read by the Secretary.

Dr. Hatchett asked that his name as one of the Vice-Presidents be withdrawn.

Dr. Jennings stated that as the report was not completed, he moved that it be referred back to the committee to make such changes as they deem proper.

Carried.

The committee retired and shortly returned with the following report:

President—JAMES A. DIBRELL, JR., Little Rock.
Vice-Presidents, *1st*—R. N. ROSS, Lonoke.
2d—J. L. GOREE, Pine Bluff.
3d—J. A. WILLIAMS, Haynes.
4th—J. B. PAYNE, Hot Springs.
Secretary—L. P. GIBSON, Little Rock.
Assistant Secretary—J. H. LESLIE, Hot Springs.
Treasurer—A. L. BREYSACHER, Little Rock.
Librarian—R. B. CHRISTIAN, Little Rock.

SECTION ON THE PRACTICE OF MEDICINE:

Chairman—J. S. SHIBLEY, Paris.
Secretary—A. C. JORDAN, Pine Bluff.

SECTION ON SURGERY:

Chairman—GEORGE F. HYNES, Fort Smith.
Secretary—A. J. VANCE, Harrison.

SECTION ON GYNECOLOGY AND OBSTETRICS:

Chairman—J. T. JELKS, Hot Springs.
Secretary—W. B. BARNER, Little Rock.

Next place of meeting, Hot Springs; the time of meeting to be selected by the Secretary.

(Signed) J. S. SHIBLEY, *Chairman.*

(Signed) A. C. JORDAN, *Secretary.*

A committee of two was, on motion, appointed to conduct the President-elect to the chair.

The retiring President thanked the Society for the uniform kindness and forbearance with which he had been treated, and in doing so introduced his successor Dr. J. A. Dibrell, Jr.

Dr. Dibrell in assuming the duties of President thanked the Society for the honor that had been conferred upon him, and stated that he would announce the committees after he had had more time for consideration.

On motion of Dr. Hatchett, the thanks of the Society were tendered the members of the Little Rock Society and the citizens of Little Rock for their warm reception and kind treatment of the members of the State Society.

The entire programme having been finished, on motion of Dr. Jennings, the Society adjourned.

L. P. GIBSON, M. D,
Secretary.

After adjournment the members of the Society and a few united guests assembled at Pythian Hall where a complimentary banquet was tendered the visiting physicians by the Little Rock Medical Society. The evening was pleasantly spent; the speeches were short, pointed and much enjoyed. The social gathering at the annual meetings should be encouraged. The patient as well as the physician receives the benefit of an hour or two spent in dignified mirth, when the "weary drudgeries" of the doctors' callings are thrown aside and a revulsant, as it were, is taken, which, by stimulating the stomach, draws off the bad feelings from all other parts of the system.

County Societies.

A County Society with a large membership has recently been organized in White County. This is the first medical society ever established in that county, though numerous efforts have been made from time to time in that direction. Dr. D. H. Stayton, formerly of Lee County but recently of St. Francis, is now living in Searcy, White County, and the organization of a Society so shortly after his arrival is at least cause for suspicion that he had "something to do with the case." It is as impossible for a progressive, regular physician to be contented out of a medical society as it is for a faithful, conscientious Christian to be happy out of his church, or for a —fish to swim out of the water.

But just as the encouraging report comes from White County, a letter from old Hempstead brings the intelligence that "the Hempstead County Society has been changed to The Southwest Arkansas Medical Association,' and the chief reason for the change is this: To try and instill new life into the Society. * * * Dr. A. N. Carrigan the best member the Society ever had is dead. Dr. John A. Stamps, the second best, is also dead, * * * and but for the interest of two or three there would be no more meetings of the Society, and the fate of the Hempstead County Medical Society would be that of all other medical societies in Southwest Arkansas." It is to be hoped that the District Society will thrive and finally result in the formation of a County Society in each of the counties embraced in the territory now comprising the district.

When every county in the State having as many as ten graduates shall have a good working society, and every member of a County Society shall also belong to the State Society, then the medical profession of Arkansas will be in a position

to demand—not beg for—such medical legislation for the protection of the lives and health of the inhabitants of our commonwealth, as is now in force in much younger but decidedly more progressive States. This journal proposes to work to that end, and with the assistance of the progressive members of the profession all over the State, a few years will see that accomplished which, judging from the rebuffs and failures of the past, now seems almost chimerical.

The Little Rock Medical Society has adjourned for the summer. Lest the above announcement might create the impression that its members are summering on the seashore or in Europe, it is proper to state that they are all "at home," to patients, as usual.

Correspondence.

The JOURNAL will be glad to receive letters of interest and short articles or reports of cases under this department. It will be an interesting feature of the JOURNAL hereafter.

Miscellany.

Bad for Nostrum-Makers.

Italy has become a decidedly disagreeable country for nostrum-makers. A new law has recently come into force in that country which prohibits the sale of all proprietary medicines excepting by permission of the Superior Sanitary Council. The law has given this council absolute power to fix their own rules, and they absolutely reject all preparations not manufactured by a qualified pharmacist or chemist; those of which the proprietors refuse to state the exact formula and

mode of preparation; those containing ingredients, the sale of which is only allowed to pharmacists; preparations made according to formulas by which their composition cannot be properly controlled; preparations which, though in themselves harmless, may injure the patient indirectly by causing to delay consulting a medical practitioner; and preparations of simple composition, the selling price of which is out of proportion to their intrinsic value. It will be seen that under these rules the patent medicine men are having a hard time. Several hundred applications for approval have been refused, and at one sitting the council rejected all submitted, on the ground that all the preparations contained remedies which could not be used except under the direction of a medical man. This measure was advocated by the pharmacists. It has been said they are much disappointed at the practical working of the law. Why, it is difficult to understand at this distance, except on the supposition that pharmacy had given away to quackery to an extent not imagined in this country.—[Druggist Circular and Chemical Gazette.

The Mississippi Valley Medical Association meets at Louisville, Ky., October 8, 9 and 10, 1890. From the amount of work that is being done by the different committees it bids fair to be a most successful meeting. The place of meeting of itself is a sufficient guarantee that nothing will be left undone that ought to be done and nothing will be done that ought not to be done to make the gathering a memorable one.

Books and Pamphlets Received.

"Address of the chairman of the section, on State Medicine," by J. B. Hamilton, M. D., L.L.D., Supervising Surgeon General, United States Marine Hospital Service. Read at the Forty-first Annual Meeting of the American Medical Association, Nashville, Tenn., May, 1890. Reprinted from the Journal of the American Medical Association, May 31, 1890.

"A Danger in the use of Sequirity Heretofore Unmentioned." Read in the section on ophthalmology, at the Forty-first Annual Meeting of the American Medical Association, at Nashville, Tenn., May, 1890, by T. E. Murrell, M. D., Little Rock, Ark. Reprinted from the Journal of the American Medical Association, June 28, 1890.

Necrological.

Dr. William Brodie, of Detroit, Michigan, died at his home on July 30, aged 67 years. Dr. Brodie was one of the most familiar figures at the annual meetings of the American Medical Association. He was President of the Association in 1885–6. and had prominent positions in every society of which he was a member. He was one of the most prominent and well beloved of the citizens of his own State and city, and his good qualities and genial disposition were appreciated and enjoyed far beyond the confines of his own commonwealth.

William Jasper Watkins was born in Rush County, Indiana, October 14, 1849.

His parents Joseph and Sarah A. (Miller) Watkins of Welsh and German descent, were of North Carolina and Virginia, respectively—the grandparents on both sides being Virginians. Joseph Watkins moved from North Carolina to Rush County, Indiana, in early life; married and became a successful farmer. Later in life carried on a successful brokerage business in Brown County, where he died, leaving seven children, six of whom still live: Berry H., Martha, Perry, Louisiana, Hester A., and Felicia.

William J. Watkins was reared in Rush County, and moved to Brown County in his 14th year. He received a liberal education in his youth and at the age of 17 began the study of medicine under a preceptor. Later on moving to Davis County he studied under the late Dr. Peck.

In 1867 he entered the Ohio Medical College of Cincinnati, where he remained through one course. After practicing a short time in his native State he removed to Arkansas and praticed up to 1872 at Centreville with the late Dr. Reese at Strangers' Home, Lawrence County, when he returned to Cincinnati, Ohio, and entered the Cincinnati College of Medicine, from which he graduated with honor on the following year, and returned to his home in Arkansas, where he soon married Miss Elizabeth T. Jenkins of Lawrence County.

Walnut Ridge attracted the doctor then as the better field for his professional work, and at this place he practiced until the spring of 1889, when, to the regret of many a household and a host of friends in Lawrence County, he moved to Newport, where on the 18th day of November, 1889, he died, the cause of his unexpected death being that dread disease pneumonia for the successful care and treatment of which in others he so deservedly won praise and honor.

Dr. Watkins, when he died, was in the 40th year of his age, in the prime of life and usefulness, and although he enjoyed for nearly twenty years a large and lucrative practice before moving to Newport, yet through his well-known ability, his unselfishness, his benevolence, his untiring energy in enterprises calculated to advance society, science or public weal, it was plainly discernible that even in his few months' stay in his new home he was fast reaping for himself much more gratifying results than his most ardent wishes could have called for.

Among the honorable and responsible positions filled by Dr. Watkins while at Walnut Ridge were those of surgeon for the Iron Mountain Railroad, State Examiner for Knights of Honor for three and a half years; was the father of the Lawrence County Medical Society, a member of the State Medical Society, and also a Mason. Some of the common daily expressions among those who knew him are worthy of preservation. I remember frequently to have heard it said that: "If he ever did a wrong act and no one made it public, he was not content until he made a clean breast of it himself; that if he had an enemy it must have been himself. That he

labored more for the desire of curing the diseases of mankind than for the hope of remuneration."

On the evening of the 18th of November, 1889, after embalming and casing of his remains in an hermetically sealed casket, the preliminary burial service was read by the Rev. R. B. Willis, the Presbyterian pastor of Newport. The completion of the ceremony took place the following day under the direction of the Rev. G. W. Smith, pastor of the Methodist Episcopal Church, South, of Walnut Ridge, at the residence of James M. Phelps, one of the most intimate and dearest friends of the deceased. The Knights of Honor Lodge then took charge of the remains, escorting them to the family burying-ground on the plantation of the deceased, where in view of the tearful eyes of men, women and children from every quarter of his recent field of usefulness he was laid to rest. "Peace to his ashes."

J. C. M.

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ADDRESS:—LORENZO P. GIBSON, M. D., Managing Editor,
No. 111 E. Fifth Street, Little Rock, Ark.

All members of the Society should send their annual *dues* to the *Treasurer*, A. L. BREYSACHER, M. D., No. 121 W. Second Street, Little Rock, Ark.

VOLUME I. AUGUST, 1890. NUMBER 2.

Editorial.

THE PROPOSED CHANGE OF THE CONSTITUTION.—At the last meeting of the Society an amendment to the Constitution was proposed which, if adopted, will change the present plan of conducting the scientific work of the Society and will be a great improvement on the present system. Heretofore the committee work, as far as the scientific part of it was concerned, amounted to little more than an address by the chairman of each of the respective Committees on Practice, Surgery, Gynecology and Obstetrics, and State Medicine, the other members having very little, or nothing, to do. If the proposed amendment is adopted the work will be done in sections, but not as it is ordinarily accomplished in societies with larger memberships. It is intended to divide the Society into

three sections, one on Practice, one on Surgery, and one on Gynecology and Obstetrics, and to give each of these sections one afternoon and evening, so that no two of the sections will be in session at the same time. Each member will have an opportunity of attending all the sessions. The general sessions of the Society for the transaction of business will be held in the mornings. On each afternoon one of the sections will meet, and the chairman of that section will preside, and its secretary will keep a record of its proceedings. This will give more responsibility to the officers of the sections than has ever been attached to the chairmanship of committees, and it is hoped the officers of the different sections will vie with each other in getting up the programmes so that when the Society meets there will be enough to do to consume every moment of the time allotted to the scientific labors of the Society. It is very proper to remind the officers of the sections that the proper time to commence the preparation of their programmes is NOW. By a resolution adopted the section plan will be inaugurated at the next meeting at Hot Springs. The chairmen and secretaries should immediately commence to invite members to write papers. Don't delay because there is plenty of time. They will find that the time will be very short and the programmes much shorter unless every moment that can be spared is utilized in getting members to write acceptable articles. One who has probably had the most experience in making preparations for our annual sessions likens his labors to those of the cotton planter whose work in each crop, as he says, extends over *thirteen* months of the year; who has to break ground for the new seed while yet many of the old stalks with their stained fleece are still standing in the field.

A DEPARTMENT DEVOTED TO PHARMACY.—In consideration of the close relationship existing, in this State particularly, between the professions of Medicine and Pharmacy, and as there is no publication in our State devoted to the interests of the pharmacists, it has been deemed proper to create a department in the JOURNAL, devoted chiefly to the

interests of the Arkansas Association of Pharmacists. Mr. W. W. Kerr, the president of the Arkansas Pharmaceutical Association, has kindly consented to furnish such contributions, selections, etc., for that department as will be of interest to the two professions. It is a fact to be much regretted, that physicians and pharmacists do not read each others' journals as much as they should. Too little attention is paid, ordinarily, by the physician to pharmacy, and there are few pharmacists who read medical journals. By a mutual interchange of the literature of the two professions both would be much improved, and brought into a closer union, and to a better understanding of their relations to each other. The question of most importance *next to thorough organization*, is that of legislation, in which both the pharmacist and physician should be deeply interested, and there is no doubt that if the members of the two professions in Arkansas will first *thoroughly organize*, the ends of each will be accomplished in the near future as surely as they have been ignored in the past.

Original Communications.

The Address on the Practice of Medicine.

BY CLAIBOURNE WATKINS, M. D., CHAIRMAN OF THE COMMITTEE, LITTLE ROCK.

[Read at the Fifteenth Annual Session, May 14–16, 1890.]

Mr. President and Gentlemen:

It is my desire in the short space allotted to me as chairman of the Committee on Practice of Medicine, to call your attention to a few of the newer remedies that are of practical value. In this prolific age many new and vaunted remedies are brought before us; some stand the test, many others do not, and are soon forgotten, and strangely enough some of the

old-time remedies are brought forward as *specifics* by apparently careful observers, and we think that diseases, like diphtheria and scarlet fever, for instance, are at last to be robbed of their terrors; but alas! we may but shortly afterwards find that either the type must be different, or the epidemic influence—for the malignancy is not controlled—or death averted, and we go back from calomel to bichloride and chloral hydrate to iron and chlorate potassa and spirits frumenti. The phenal group, the coal tar products that have proved so wonderful and prolific to both science and the arts, under the chemist's hands, have brought us antipyrin, antifibrin and sulphonal, medicines that as antipyretics, analgesics and hypnotics are of real value. The two former, with quite a list of others of about similar properties, and jawbreaking nomenclature, have also been more or less successfully used in whooping cough, diabetes insipidus, chorea and almost all forms of nervous and neuralgic affections. Sulphonal is a valuable remedy to produce sleep, yet in insomnia, for instance, in comparing the *pure hypnotic strength* of drugs, the list would still read about like this: Morphia, chloral, amyline hydrate, paraldehyde, sulphonal. If, however, they are arranged in the order of the *proper hypnotic* and least injurious dose, they stand: Chloral, sulphonal, amyline hydrate, paraldehyde, morphia. So some of the old friends are with the new, and *neither* are to be carelessly or indiscriminately used, both as to the immediate danger, and prospectively as to habit. Carbolic acid was one of the early products of this group, and to it we now have added creolin, phenal, etc., that are antifermentitives, antiseptics and germicides, and are used both internally and externally to meet many varied conditions. None of the group are anodynes, strictly speaking. Carbolic acid is superficial in its local action as compared to the mineral acids, and is in a marked degree analgesic and refrigerant as an escharotic. Much study and many wonderful discoveries have been made of late years in the germ theory of disease, but the *practical* remedies have not as yet by any means kept pace with the theories and microscopical discoveries. The

theories are plausible and possibly true, but the germicides, so far, that destroy them outside of the body, cannot as a general rule be applied for their destruction in the human system. For diseases that one attack, as a rule, gives immunity, innoculation or vaccination of a milder form of that disease may yet be extended, for instance in yellow fever; but I am not a believer either in the theory, nor yet so far in the practical statistics of Pasteur's method for the cure of rabies. It differs totally from that of the immortal Jenner, in that it is supposed to substitute a milder upon a most violent poison *already received.* It is not a preventive any more than the *hair* of the dog would be, and the latter application to my mind is less dangerous, in that you do not run the risk of adding blood poison, or even rabies itself, where there is none. The moral effect of Pasteur's treatment may count for something, but it is too heroic for even that much. Borck's, theory of syphilitic innoculation is much more plausible, disgusting and unnecessary as it is. In strophanthus we have a valuable substitute for digitalis, especially when the latter produces nausea, and from long continual use a cumulative effect, resulting in heart failure, caused, I think, from its secondary or sedative effect, erroneously called cumulative.

Mr. Auld, in the New York Medical Journal says that "strophanthus is a most excellent remedy, especially where we have to deal with cardiac complications, such as fatty degeneration, dilatation, or the weakness which occurs in long-continued diseases, as typhoid, phthisis and pneumonia. In these cases, as you know, much of the depression is due to the accumulation of carbonic acid in the blood, which is not thrown off by reason of the depressed condition of the circulation. The shortness of breath, of which these patients complain, may be overcome by the administration of a cardiac stimulant. Diffusible stimulants, like ammonia and alcohol are not always at hand, and, besides, we have no remedy which is so well calculated to arouse the drooping faculties through the instrumentality of the heart as strophanthus. Nux vomica is also a valuable cardiac stimulant, but its influence

is more general and less direct upon the heart, while digitalis is a drug, which, if long continued, defeats the very purpose for which it is used. The initial effect is that of a cardiac stimulant, but it carries with it indirect or secondary effects which will destroy the influence we desire to produce. The general effect of alcoholic stimulants is one not altogether desirable to overcome this condition of affairs. Strophanthus possesses the advantage over all others in producing immediate and continued effects upon the cardiac muscle. When given in the form of a reliable tincture, but a few minutes will elapse before the action of the drug will be apparent upon the circulation, and this effect will last for some time. It can also be used hypodermically. The judicious employment of this drug will often be the means of saving life by tiding over instances of great depression, which are liable to occur in the course of all serious diseases. Five drops of the tincture may be given in a little water, and the dose repeated in urgent cases in the course of one or two hours. In a class of pelvic pains in women, which give us all so much trouble sometimes, especially ovarian pains, whether from prolapse, inflammations of the ovary, or around the ovary, the relief afforded by codeine is more or less permanent. It is not so good for pevlic exudates and tubal disease as for the ovaries, and morphia is better for acute uterine affections, especially uterine dysmenorrhœa. Codeine is effective in half-grain doses, ter die, in pill form. I have been interested in the past year in what is known as the alkaloidal treatment of disease, the use of the alkaloids instead of the extracts, fluid and solid, tinctures, syrups, infusions, etc. It is called also exact medication, metrical dosage system, and also the dosimetric system, after Boergrove, the probable pioneer, who claims for the alkaloids a known, fixed and certain dose, in comparison to the often uncertain and unreliable dose as contained in the tinctures, extracts, syrups and powders, as we too often get them. Compare, if you please, the uncertainties of all the preparations of opium with its alkaloid morphia; and powdered and extracts of nux vomica with strychnia; how would you like to go back

to the days of our fathers in practice and use powdered Peruvian bark and tincture instead of quinia? With a fixed alkaloid the dose is safer, given preferably in minimum doses, often repeated, and watched for its well-known effects. I am in favor also, and I enter a plea, for the more thorough and practical treatment of symptoms—symptomatic treatment, if you please. It is all very well for one in the practice of medicine to stand back on his scientific dignity and say that he strikes for the *root* of the disease, and the *symptoms* will tumble when the *cause* is removed; but it is not practical, and far from being always satisfactory. Many symptoms from functional derangements, especially where the most prominent one is pain, are often the essence of the disease. Many symptoms are more distressing, more dangerous, and even overshadow at times the disease they represent. It isn't very encouraging to a patient about to be deluged and smothered to death from dropsy to be told that his liver is the cause (and the dropsy only a symptom) and as soon as the doctor can get that organ in good working order he will be all right, for it might be so that he could not *wait* long enough. It is well to know what disease certain pains are the symptoms of, but it is bettre to relieve the pains and distress first, and attend to the *cause* afterward. It need not hinder one's scientific attainments, and certainly gives more comfort and confidence to the patient. In this matter, and in the form of medication wherever practical, I am of the opinion that a field is open to us for investigation, and one that bids fair to be prolific of good to both doctor and patient, if a man will have the courage of his convictions, and lay aside, as he ought to do, all prejudice; not be stopped in any honest and sincere advance for fear of ridicule that he might be a follower of some sect or ism. A man might be so orthodox, even, in his medical ethics, as to apologize for giving a dose of medicine that was palatable and pleasant to take. Gentlemen, we claim no name, no sect, no system that is not open for competition to all the world; we have no patents; no secret remedies; no nostrums; we do not believe in the supernatural or the impossible. Medicine has made great ad-

vances since the days of incantations and charms, but we do not claim that it is yet an exact science by any means, either as to diagnosis or treatment of diseases. Our medical creed for the nineteenth century is for an open field and a fair and honest fight; nobody on the fence; no sailing under false flag or name; let every man practice strictly what he preaches, with no dodging. Let honest, practical *success* be the test of *merit* and may the best man win.

Maternal Impressions.

BY T. J. WRIGHT, M. D., FORT SMITH.

[Read at the Fifteenth Annual Session, May 14–16, 1890.]

It is not expected that in this paper I shall have anything to say in regard to hereditarily transmitted peculiarities in the physical conformation of the fœtus, nor am I to consider the results to the new being of disease in the mother during the period of utero-gestation.

I am further precluded from calling attention to the wide and interesting field of teratology, and from discussing the difficult questions of arrested development and perverted nutrition, except in so far as these may be caused by mental and emotional states or conditions of the mother. The expression used by our venerable and honored President when he suggested the subject for this writing was: "Maternal impressions."

The belief that sense impressions resulting in or producing profound mental or emotional states may leave their imprint upon the physical, mental and moral natures of the child in utero, is not new.

In the thirtieth chapter of Genesis we are told that the flocks conceived before the rods and brought forth cattle ring-streaked, speckled and spotted.

Thus Jacob, the astute third person, in that remarkable

trinity of Hebrew patriarchs, though no more a sailor than our honorable Secretary of State, shows quite as much ability to "cast an anchor to windward," when he takes advantage of this mysterious law of nature.

You will all readily recall that remarkable autobiography: The Life and Opinions of Tristram Shandy, Gentleman.

Referring to an exceedingly early period of his history he says: "I wish either my father or my mother, or indeed both of them, as they were in duty both equally bound to it, had minded what they were about when they begot me. Had they duly considered how much depended upon what they were then doing; that not only the production of a rational being was concerned in it, but that possibly the happy formation and temperature of his body, perhaps his genius and the very cast of his mind, and for aught they knew to the contrary even the fortunes of his whole house might take their turn from the humors and dispositions which were then uppermost. Had they duly weighed and considered all this and proceeded accordingly, I am verily pursuaded I should have made a quite different figure in the world from that in which the reader is likely to see me. Believe me, good folks, this is not so inconsiderable a thing as many of you may think it. You have all, I dare say, heard of the animal spirits; as how they are transfused from father to son, etc., etc., and a great deal to that purpose. Well, you may take my word that nine parts in ten of a man's sense or nonsense, his successes and miscarriages in this world, depend upon their motions and activity, and the different tracks and trains you put them into, so that when they are once set a going, whether right or wrong 'tis not a half penny matter. Away they go chattering like heygo mad, and by treading the same steps over and over again, they presently make a road of it, as plain and smooth as a garden walk, which when they are once used to, the devil himself sometimes shall not be able to drive them off it.

"'Pray, my dear,' quoth my mother, 'have you not forgot to wind up the clock?' 'Good G—d!' cried my father, making an exclamation, but taking care to moderate his voice at

the same time. 'Did ever woman since the creation of the world, interrupt a man with such a silly question?'"

But leaving these instances, which may be thought to be outside of the latitude allowed me, we have a case in point in Dr. Oliver Wendell Holmes' story of "Elsie Vennor," whose mother was bitten by a rattlesnake in June or July. The child Elsie was born in September or October following. (I quote from memory). "This wonderful creature begotten and conceived in the fertile brain of the Autocrat of the breakfast table, and painted in the glowing colors of a no-less fertile imagination, had an eye whose piercing intensity terrified the glance her loveliness attracted."

During the long New England winter her life was almost a hibernation, but the return of summer restored her vivacity. She had all the antipathy of the rattlesnake to the white ash; in short, her physical habits, her intellectual processes and her moral nature, all seem to have been indebted for their peculiarities to the poison introduced into the mother's system, or to the profound impression made upon her mind or to both of these.

It would be an unpardonable presumption, on my part, to enter into a long and tedious explanation of the fœtal circulation to remind you of the fact that there is no nerve connection between mother and fœtus, and that the new being respires through and draws its nutriment from the maternal blood by *mediate* contact.

What we have to consider here is the power exerted by mental states over the function of nutrition, so as to modify the molecular action of various parts of the body.

Let us first turn our attention to the influence of mental states on the organic functions of nutrition and secretion, as seen in the independent being, *i. e.*, after birth.

This power is for the most part exercised through the sympathetic system of nerves, and whilst the calibre of the arteries and consequently the quantity of blood supplied to a part seemed to be effected through the motor fibres, which that system receives from cerebro-spinal, its influence over the con-

dition of the blood itself, and the use that is made of it, appears to be exerted through its own proper fibres and ganglia. For the purpose of this discussion I have not thought it necessary to "invent" a trophic system of nerves.

The salivary, lachrymal, mammary, and other secretions may be increased, modified or checked by emotional states caused by a perception or an idea. But the mere increase or dimunition in the quantity of the secretion might be accounted for by the increase or diminution in the quantity of blood sent to the organ through vaso-motor influence. It is doubtless true that the *quality* as well as the *quantity* of the mother's milk is changed through the influence of the emotions. And this change in the *quality* of the secretion is no doubt due to changes in the blood through nervous influence. So disorders of nutrition involving pathological processes, diseases not only functional but structural, are both *caused* and *cured* by intense mental impressions. Carter, in his pathology and treatment of hysteria, relates the case of a lady who was watching her little child at play, and saw a heavy window sash fall upon its hand, cutting off three of its fingers. She was so much overcome by fright and distress, as to be unable to render it any assistance. A surgeon was speedily obtained, who, having dressed the wounds of the child, turned himself to the mother, whom he found seated, moaning and complaining of pain in her hand. On examination three fingers corresponding to those injured in the child, were discovered to be swollen and inflamed, although they had ailed nothing prior to the accident. In twenty-four hours incisions were made into them and pus was evacuated. Sloughs were afterwards discharged, and the wounds ultimately healed. The influence of the state of *expectant attention* in modifying the processes of nutrition and secretion, is emphasized by the volitional direction of the consciousness to a part, and if this state be kept up automatically by the attraction of the *attention*, the change may become a source of modification, not only in the functional action, but in the nutrition of the part. There can be no doubt that real disease often supervenes upon fancied ailment, as in the case of the hy-

pochondriac and subjects of obeah and voudoo practices, while on the other hand the same mental state may operate beneficially in checking a morbid action and restoring the healthy state.

As examples I might mention Perteius's metallic tractors, mesmerism or hypnotism, homœopathy, the invocations of Prince Hohenlohe, the commands of Dr. Vernon and Zouave Jacob, the cure of a fistula lachrymalis in the Port Royal nunnery by the application of the holy thorn, the efficacy of the "royal touch" in the "king's evil," faith cures and Christian science healing, the charming away of warts, the curing of scurvy at the seige of Breda with a decoction of chamomile, wormwood and camphor, three or four drops to the gallon of water, and Dr. Rush's case of gout cured by a violent fit of anger.

Now, since the fœtal blood derives its nutritive elements from the mother's blood and possesses in common with it that mysterious power of "elective affinity" and since the fœtus is — for the purposes of nutrition and growth — a part of the mother's body, it follows that the same perversions of nutritition, etc., that are seen to occur in the independent being may occur in the fœtus, especially during the formative stage of its development.

But while this theory may account for simple cases of arrested development, perverted nutrition, etc., how are we to explain those where there is an unmistakable resemblance in some part of the child to a corresponding part of some animal?

Self-preservation, whether applied to the individual or the race, is the "first law of nature." This race instinct, so to speak, is seen both in the animal and vegetable kingdoms, and the end is attained through the operation of that other "first law of nature," "conformity to type." Each shall reproduce after his kind.

It is not only true that the fœtus lives, and moves, and has its being in the mother, but the converse of this proposition is equally true. In her unborn child are centered all the mother's hopes and fears. Over its forming body she keeps perpetual

watch, and under normal conditions the construction of all its parts goes on according to this law of "conformity to type."

But in an evil hour an ugly, frightful reptile or monster strikes upon her vision. A profound impression is made, her fears for her child are aroused, she believes in and dwells upon the danger. A state of *expectant attention* is produced. Her mind is under the dominion of another type of form than her own.

This mental state profoundly impresses the constructive elements of the maternal blood, perverting its power of elective affinity so that they are "changed or builded into the same image," and the result is that that particular part of the body of the fœtus corresponding with that of the animal which has most vividly impressed itself upon the mind is reproduced after its kind or form. The mother's constructive power is, for the time being, and for that particular part, under the domination of a foreign type.

So dependent upon and subservient to mind is matter that this blind constructive energy must needs build of the material furnished to its hand and according to the designs drawn upon the psychical trestle-board.

Compound Fracture of Frontal Bone, With Division of the Longitudinal Venal Sinus and Falks Cerebri, and Loss of Brain Substance.

BY G. W. HUDSON, M. D., CAMDEN.

[Read at the Fifteenth Annual Session, May 14–16, 1890.]

I was called seven miles into the country to see Harry Moore, age 4 years, who had been kicked by a mule the evening previous to my being called. When I arrived, eighteen hours after the accident, I found him lying upon the bed in a partially insensible state, with an ugly wound across the for-

head, about a tablespoonful of brain substance lying in the wound and but little hemorrhage.

After cleaning the wound of brains and blood, I found a section of the frontal bone, two inches long and one inch in width, driven back directly into the brain.

The long diameter of the fracture was transverse and the lower margin was just above the supre-orbital ridge, involving the upper part of the frontal sinus. After chloroforming the boy I found the most available point for trephining to be just to the right of the frontal sinus, and through its walls. Having antiseptic dressings all ready, I proceeded with an elevator to raise the fragment of bone from the substance of the brain. This required considerable force, and when it was lifted from its unnatural position came away with a snap, and was followed by a profuse hemorrhage which threatened to terminate the patient's life in a moment. A large bit of absorbent cotton was immediately placed as a compress into the wound and well bandaged and permitted to remain for an hour. At the expiration of that time the compress was removed and it was found that the hemorrhage was controlled. The flaps were carefully adjusted and closed with four or five sutures, and dressed antiseptically. The boy reacted well and soon called for something to eat The wound was dressed antiseptically again in three days, and was found in a healthy condition. Gentle compression was made with antiseptic gauze and bandage over its site. On the seventh day the wound was again dressed and two sutures removed. At this time there was slight bulging of brain substance. On the eleventh day the dressing was again changed and a very perceptible hernia cerebri was beginning to form, and was now as large as a filbert. Again, on the fifteenth day, the wound was dressed and the hernia had increased to near the size of a hen's egg, in spite of the gentle and continued pressure which had been maintained from the beginning. The parents were then ordered to bring the child to my office for the next dressing, which they did, a distance of seven miles on horseback. In consultatation with Dr. Meek, it was agreed to cut

away this mass even with the surrounding integuments, which I did with a pair of scissors, and the wound was again dressed antiseptically, and the patient sent home to die, as we supposed, but with instructions to his parents to bring him back again in four days if living. At the expiration of four days no report was heard from him, nor any until two weeks had elapsed, the inclement weather having prevented an earlier report; but, upon examination of wound, to my utter astonishment, I found it almost entirely healed. A strong cicatricial tissue had formed over the wound completely protecting the brain. No cerebral symptoms manifested themselves during the treatment, and to-day the boy is perfectly well, with the enjoyment of all his mental faculties. The amount of brain substance lost, was, as near as I could approximate, something more than two ounces. The remarkable features of this case are the unusually large amount of brain lost, and the rapidity with which the wound healed after excising the hernial projection, and the extreme disadvantages under which the case labored, in having to be brought so far to be treated.

The State Society.

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PRACTICE OF MEDICINE:

NOTE.—By a resolution adopted at the last meeting the duties of the Committees on Practice, Surgery and Gynecology and Obstetrics will be performed hereafter by the sections having those titles, hence it is not deemed necessary to appoint such committees.

PUBLICATION:

L. P. Gibson, *ex-officio Chairman*; T. E. Murrell, C. Watkins.

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Medical Organization.

[This paper was read at the Twelfth Annual Session of the State Medical Society of Arkansas, by Dr. A. N. Carrigan, since deceased. It was published in the Transactions of the Society for that year and reprinted in pamphlet form by the secretary, who distributed it to the medical profession in the State. It is on such an important subject, and such an excellent production, that no excuse needs to be offered for reproducing it in the JOURNAL. Every member who sees it should read it carefully and then give it to some of his neighbors who is not a member of a medical organization. It is reinserted

more particularly at this time because it is believed that a new era is about to dawn on the medical profession in Arkansas, and thorough *organization* is the watchword that ought to be on the lips of every physician who has the good of his profession and his patients sincerly at heart.—EDITOR.]

The republic of medicine, as organized in this country, in its representation is modeled after our government, in its scientific department after the British Medical Association. That there is political management in every medical organization, from the humblest County Society to our highest national tribunal, no one acquainted with its workings will doubt for a moment. In our republic political influence is not obtained as in national or State republics, nor is it rewarded in the same way. To obtain influence, one must by patient, constant toil, build up and round out a professional character that rises above his fellows, or do something successfully out of the common routine work; discover some new method or some new remedy, or some new application of an old one; or, in other words, he has most influence in this republic who does the most and best work. Our rewards do not come to us in the same way as the politician's; his comes directly, ours indirectly, if at all. Honors in our republic are nearly always justly placed; the same cannot be so uniformly said of political republics. But it is of county or municipal organizations I am expected to speak today, the starting point in our medical republic, the source from which all of our power is derived. Too many medical men think too little or too lightly of their county society, forgetting the fact that it is the very fountain of power and greatness. No man arrives at distinction or honor in our State and national councils who has not served his time in some county or municipal society. It is the school for the young physician to learn in, and it is only a matter of time for him to arrive at local distinction if he will carefully study and report to his County Medical Society all of his cases of interest. It stimulates him to study and enables him to become accurate in diagnosis and successful in treatment. Mind needs the friction of opposing mind if it ever

grows and develops into anything more than it was when it started. Too many of our young physicians are like young wasps, as big when they are hatched as they ever get to be afterwards. This state of affairs is a reproach to the well-qualified young men that come into our State every year graduated from first-class medical schools. Do these young men drop into the Sleepy-Hollow ways of the ancient Arkansas doctor? If they do not, where is the evidence to the contrary? Have we any increase in the number of County Medical Societies? With a few honorable exceptions we have no evidence of progress in scientific work, even in the old societies, much less of the formation of new ones or of their work. How much of this state of affairs is chargeable to the older members of the profession I will not pretend to say, but one thing we all know is certain, and that is, if we do not bring the people by whom we are surrounded up to our standard, we will in turn drop down to theirs.

In a recent visit to a county in this State where no County Medical Society exists, in the presence of three old physicians and one recent graduate, I took occasion to urge upon them the importance of organizing and keeping up a County Medical Society. Their reasons for not doing so were about as follows: First—the great distance that most of them live from the county town; it would be impossible to get any considerable number of them to meet at the appointed time. Second—the loss of time and the necessary evil that might result to their patients. Third—the large number of undergraduates that they were obliged to meet in consultation, and that could not be admitted into a County Medical Society. Fourth—that there was another class that would make capital out of such meetings for themselves. Fifth—and the last class named was those that used their profession only as a means of making money, and would neither lose time nor spend money to increase their knowledge. Such and like reasoning you will meet with in every county in the State where no medical society exists, with perhaps one other, namely, professional jealousy.

The practice of medicine is one of the most responsible callings that a man can embark in, and there must be something essentially faulty in the make-up of that physician who will not make every reasonable sacrifice to obtain knowledge for the good of his patients. The grave, unfortunately, covers up the victims of his ignorance. If he left his victims strewn along the highway as those of the careless and incompetent railway engineer, public opinion would force him to learn or quit. If we can neither provoke these our brethren to wrath or good works we will have to leave them to themselves, that they may die as they have lived, to themselves. There is another class of physicians who think that medical societies should be nothing but a kind of trades-union, the business of which should be the regulation of fee bills and the exchange of black lists. Men in all callings and professions sell for what they are worth. Young and inexperienced physicians can afford to take less than older and more experienced ones. Yet uniformity in fee bills in every community among all the fellows is greatly to be desired, but if any one chooses to be a Cheap John it will only be a matter of time when it will be his ruin and downfall. Usage is law, and he who attempts to depart from it will find it hard work and more often disastrous than otherwise. The duties of physicians to each other and to the community are plainly set forth in the ethics of our Society, and we would do well to read them over carefully every year and make them the rule of our professional conduct, as much so as we do the Bible for our religious walk and conversation.

The business of County Medical Societies is collective and distributive; not money, but medical information in a certain district of country. The character, intensity and prevalence of disease; the cause, beginning and spread of epidemics; the prevention of disease, the grandest work that any mortal can be engaged in, the work that makes the physician only a little lower than the angels. Who would not rather have been a Jenner than a Cæsar or a Napoleon? Who would not rather have been a McDowell or a Sims, than a Washington or a

Lincoln? These discoveries made by our brethern will continue to bless the race as long as science lives or suffering humanity needs help. The humble country doctor may never be distinguished, but constant, painstaking effort raised a Koch from a country doctor to a position of world-wide renown. Then let me insist on the young men of our State to lose no opportunity to learn. Take one thing and learn it thoroughly, and then take up something else if you have time, but always recollect that organized effort is the best way to have the light that is in you reflected; otherwise it will be hid under a bushel.

A young friend of mine, two years after he had graduated, concluded that he would visit Europe, but before he started, called on one of the professors of the school in which he graduated for a letter of introduction to a certain distinguished professor in Paris, France. On arriving at Paris he called on the professor and presented his letter of introduction, and the professor invited him to his clinic the next morning, which was gladly accepted; and, after going through his wards lecturing to his class, he took them into the dead house where a subject was on the table for *post mortem.* The professor handed my friend the knife and asked him to demonstrate the cause of death of that man to his class. My friend took the knife and examined the heart, lungs and stomach, but found no lesion that would account for his death. He then examined the bowels, and found perforation with ulceration, which accounted for his death. And then the professor told him that he had died with typhoid fever. How many young men are there in the State that would have taken the knife in such a presence? Yea, or older ones either? My friend said that he thought it was due the professor who had given him the letter to this distinguished professor in Paris, that he should make the *post mortem.*

Young men, graduates of respectable medical schools who have located in our State, I say that it is due the professors who have graduated you in medicine to organize a County Medical Society in the counties in which you live, if there is

not one already organized, so that you may have the opportunity to demonstrate to your medical brethren that you know something and thereby reflect credit on the schools that graduated you. Or will you still do like the owls in our swamps, look uncommon wise and say nothing? Let us hope not, but trust that the young men in all of the counties of the State will do as they have done in Hempstead County, all gone to work in earnest, bringing up something at every meeting on some medical subject. That this state of affairs in my county is due to the zeal, prudence and perseverance of the older members is true; yet, what is done in one county can be done in all the counties of the State, is the point which I wish to make. If one or two physicians in each county could be found with sufficient love for their calling to take hold of an organization and use reasonable prudence and zeal, it would not be long until we would have a well-organized Medical Society in each county in the State. Then we would have no more reports, such as "pure cussedness," "indifference," "too many undergraduates," etc.

We complain of our legislators, and one of our distinguished presidents recommended that we abolish our Committee on Medical Legislation. "Like priest like people," is true, and if we do not educate the people up to what we want we will never get it. If we sit upon the high stool of professional dignity and look wise and say nothing, we will never get anything. How many years did we agitate the necessity of a lunatic asylum before we got a Legislature that would make the appropriation necessary to build one? But now we have one, and I would ask if it is any trouble to get our legislators to make all needful appropriations for that as well as all the other charitable institutions of the State? Educate the people up to it, and the Legislature will be forced to do it. The physicians built the asylum of the State, the Legislature did not do it. They only made the appropriations after the people demanded it. The physicians of the counties can shape medical legislation before the members leave home. It is the people at home they are afraid of and not the men they

meet here. Hence, one word from the physician at home will do more good toward shaping medical legislation than all the speeches that can be made here. United we stand. In union is strength, power and influence. If we cannot unite the profession in the different counties, how can we expect the Legislature, composed of such a diversity of capacity and so many conflicting interests, to unite on any measure that would protect the people from the soulless, ignorant charlatan, or from the unseen dangers that surround them, that are more potent for evil than those that are seen.

Finally, we are all gleaners in this field of knowledge; some of us are bringing our sheaves to a common store-house, whilst others are throwing down the fruits of their labor just where they reap. Are they building wisely? Are they building for the future? Nay, they are like the man in the Bible who hid his Lord's money.

"Do noble things, nor dream them all day long,
And so make life, death and that vast forever,
One grand, sweet song."

County Societies.

Society Fee Bills.*

BY J. W. PETTIT, M. D., SHERIDAN, ILL.

I make no apology for occupying your time with the common-place subject of fees. I do not approach the subject from the standpoint of the professional labor agitator, striking for short hours and long pay. My plea is for uniform rather than higher fees. This Society has a fee bill to which each member subscribes when he or she becomes a member. It is a part of the Constitution and By-Laws. Its provisions are

*Published by resolution of the LaSalle County (Ill.) Medical Society.

"more honored in the breach than in the observance." Against this condition of things which cannot be palliated or denied, I wish to enter my protest.

Physicians sustain a double relation to their patients. First, that of striving to relieve or cure suffering humanity, and secondly, that of one who depends upon those for whom he labors for a comfortable support. The practice of medicine is a legitimate business, and we must live by it just as other people live by theirs. The fact that it is a humanitarian profession, it is true, should never be lost sight of, but unselfish devotion to suffering humanity cannot, nor will not, lift us above the demands of the butcher and baker.

Theoretically, the physician, like the clergyman, is a philanthropist, and is actuated in the practice of his profession by the desire of doing good to his fellowmen, and possibly also by his love of science for science's sake. Such should be the motive of every physician, and it is this fact which places our profession on a high plane and entitles us to rank among the noble professions. But to be philanthropic in its best sense we must also be practical. It is not true philanthropy to encourage idlers in their idleness and vice in its viciousness. Much of the poverty, in this country, at least, comes from these two causes. There are three classes of poor: God's poor, the devil's poor, and the poor devils. By far the largest class of poor belong to the second-class. It is no charity to do business for such people for nothing. They usually make enough money to pay their bills but spend it in riotous living. They are lost to all sense of shame or honor, and it is an act of kindness to insist upon such people paying their bills or cut them off. It is a curse to such people to give them what their labor cannot fairly earn. Carlyle well says: "Let wastefulness, idleness and improvidence take the fate which God has appointed them; that their opposites may have a chance for their fate. He that will not work according to his faculty, let him perish according to his necessity." There is no law more just than that.

It does not devolve upon the physician to furnish his ser-

vices to the poor gratis, any more than the merchant to supply them with food and raiment. The extent to which this has been done, is a self-imposed tax. The custom reflects credit upon the profession. True charity demands, however, that we discriminate. We are under no more obligation to the poor than any other class of citizens. Our poor laws provide for their support, which relieves us of the responsibility which formerly existed. The sympathetic and discriminating physician would not force a sensitive person—one of God's poor—to avail himself of the aid the poor laws give. This class is so small, however, that we can afford to attend them gratis. I not only do, but I know I echo the sentiment of every member of this Society, when I say I can attend such people as cheerfully and with as much alacrity, as I do the best-paying patient I have. The heartfelt thanks received, and the consciousness of charity bestowed, is the richest reward we can possibly receive.

There is too much maudlin sentimentalism indulged in with regard to the poor. Time was when the poor were oppressed, but now the pendulum has swung too far the other way and the poor, so-called, are the oppressors. For proof of this examine the books of almost any physician. You will find them loaded down with worthless accounts agains people who could pay but do not. They expect us to go at their beck and call, usually are the hardest to please, but if we attempt to exact our fees, then the cry of "unjust oppression of the poor" is raised. It is proper for us to discriminate in giving credit and showing leniency in our dealings with poor people. There is but little danger of a humane man doing an act of injustice. The practical and most humanitarian view to take of the matter is to insist upon a reasonable fee and prompt payment for our services. Let each one elect for himself whom he will treat gratis and let the authorities upon whom that duty devolves take care of the rest. By pursuing such a course our practice will be more remunerative and we will thereby be better equipped for alleviating suffering humanity.

A large percentage of the income of every progressive phy-

sician is expended in books, instruments and appliances for the benefit of his patients. People expect, and they have a right to expect us to be equipped for all ordinary emergencies. If called to amputate a leg, for example, and we have no amputating case, we subject ourselves to adverse criticism. It will not be considered a valid defense to say that our business will not afford it. There are many things which we must afford from which we frequently do not get enough to pay back the money expended. I venture to say that the average country doctor rarely ever has demands for an amputating case to pay for itself, still we are expected to have one. This demand is reasonable and the public should be made to pay for it either directly or indirectly.

Our fees should be commensurate with the time and expense of fitting ourselves for the active duties of our profession. Are they? Even though we charge the maximum rather than the minimum fees. The average physician, after years of study, constant outlay and tiresome waiting, makes no more than a living until he is about thirty-five. At forty to fifty, by dint of hard work and close economy he can lay aside something for a rainy day. If ambitious he is usually an old man at fifty or sixty. Stated briefly, a physician's active professional life is about twenty years. Now suppose he should save $1000 a year, at the end of twenty years he will have $20,000. This is too liberal an estimate by far, but even the interest on this amount would only insure a moderate competence. The fact is this estimate is too large by fifty per cent. Not a very inviting prospect for one's old age truly. The average farmer or business man can show better financial results than this. Our responsibilities are greater, our work more arduous and exacting, our active life shorter, therefore our pay should be better than theirs. If it is not, why not? The question is easily answered. Simply because through a timidity born of a fear of losing our hold upon the little we have, we charge less than our services are worth. The least complaint from a patron is apt to frighten us and the account is reduced. People soon learn this and are very ready to take advantage of it.

Some persons do, but most do not, employ the physician who charges the least. There is a law of compensation that runs through all transactions of whatever nature, that the better the article of service, the higher the price. This fact is universally recognized and the physician who cuts fees says in effect that his services are of a low grade and his charges accordingly. This may not be actually true, but this is the construction put upon his act. There is a dignity in fees just as there is in one's bearing, and he who undercharges lowers his own dignity and that of his profession. If the subject of fees was viewed in its proper light the public could be made to understand that higher, and not lower fees, are in their interest. The physician with a good income is usually more enthusiastic and better equipped, and while the public pay more they get returns in better service.

There is a large streak of selfishness running through humanity. No matter how skilful or arduous the service, or how thankful a patient may have been at the time it was rendered, a large majority forget all these considerations when they come to pay, and seek to get our services for as little as possible. You have doubtless all heard of the man whose wife was desperately sick. He thought she was going to die and told the attending physician he would pay him $500 if he would cure her. The physician did his best for the patient. As she grew better the man kept repeating his offer of remuneration, but each time the amount was less. She got well. The doctor presented his bill a year afterwards for $25. The man refused to pay on the plea that the bill was exorbitant. This story, whether true or not, illustrates a phase of human nature observed by every physician. No matter what fees we charge, whether high or low, many will find fault. This is unpleasant, but we must meet it and the more firmly we do the better for our purse and the dignity of the profession. I have observed that if a patron disputes a bill and I insist upon full payment, I am more likely to retain his business than by yielding. Yielding is virtually confessing that the charges were exorbitant and the extortion was only prevented by objecting. This

is the way the act is apt to be regarded. Being firm with such people is more likely to secure future business than to show a truculent spirit. This disposition to get something for nothing runs through society everywhere. The way to meet it is to be fair in our demands and firm in exacting our rights.

Our incomes are not what we charge, but what we collect. Financial success in the practice of medicine depends, like every other business, upon careful attention to the details of the business part of our business. Doctor's bills are proverbially hard to collect. This need not be so and is only true because we permit it. Sickness and the resulting doctor's bill makes not only that but every other bill hard to pay. Sickness is a misfortune and we should always show that leniency born of true charity in making collections. We should never subject ourselves to the charge of grinding the face of the poor. Our relations to our patients are of such a nature that if we are observing, we can know their financial as well as their physical condition, and there is little or no excuse for oppressing the worthy poor. We should not forget, however, that charity begins at home and in our efforts to be merciful, should not be unjust to those dependent upon us.

A few years ago an honored member of this Society died. He had enjoyed what was supposed to be a lucrative practice for twenty-five years. He was industrious and economical. After his death it was found that he had many thousands of dollars on his books. Some of these accounts had been running for years and were outlawed. An attempt was made to collect, but only a few hundred dollars was the result. An almost helpless family were left to struggle against an adverse fate simply because their natural protector in being charitable to others had forgotten to be just to his own. Business is business, and charity is charity. We should not confound the two. Insist upon those paying who can, and thus separate the chaff from the wheat. Otherwise we are apt to mistake the chaff for wheat, and not find out our mistake until it is too late. Have a rule and insist upon it and the people will associate you and your rule together.

The fee bill adopted by this Society provides a fixed, or a maximum and minimum fee. This is a part of our code and it should be regarded as binding in its provisions as any other provision of our Constitution. The fact is our fee bill is a dead letter, each physician making such charges as he sees fit. These charges are uniformly lower than the fee bill. Our city members come nearer complying with the fee bill than the country members, and my criticisms are meant to apply more particularly to that class to which I myself belong. The fee bill fixes mileage at $1 for first mile and 50 cents for each additional mile. I only know one of my neighbors who charges the full fee. The usual practice is 50 cents a mile straight, and for long distances even less. Many country physicians do not charge extra for night calls. The ordinary fee in obstetric cases is $10 without regard to time, complications or distance. Some even charge as low as $5. For office consultations never more than 50 cents, ofttimes including medicines, and frequently as little as 25 cents. Charges for surgical attendance are invariably far below the fee bill. Such a course is suicidal and should be discountenanced. Such men may say it is nobody's business what they charge. In a certain sense this may be true, but anything which tends to lower the standard or dignity of the profession, is the business of its members. There is nothing which does it so effectually as ridiculously low fees. Why physicians will pursue such an insane course is more than I can understand. It must grow out of the timidity to which I have referred. I insist that the country doctor is in a position to be more independent than the city doctor. The disposition between members and business is not so great in the country as in the city, therefore the reasons for undercharging are less. Public sentiment with regard to fees is just what physicians make it. If two or more physicians are practicing in the same community, one charging lower and another higher fees, the lines are sharply drawn, the one charging the higher fees securing the better and the one undercharging, the poorer class of patients, as a rule.

The public values our services about in proportion as we ourselves value them.

The laity have a greatly exaggerated idea of the incomes of physicians. He writes a prescription which requires but a moment and charges a dollar for it. Performs an operation which requires but a few minutes and charges $5 or $10 for it. Takes a ride in the country a few miles and gets more for an hour's work than a laborer would make in two days. They see him hurrying hither and thither in a busy time, and by computing his fees find he is making $20 to $30 a day. Thus they take this as a basis for computation and figure out that he is making from $6000 to $10,000 a year. Would that it were true! But what are the facts. Much of the time we are idle, a considerable portion is devoted to charity patients, and a very large percentage of our time to people who do not pay. The net result is a loss of from 30 to 50 per cent. of our time and earnings. Physicians themselves are largely to blame for these exaggerated notions of the laity. Many think it assists to draw business to convey the idea that they are making princely incomes. Ordinarily doctors are a truthful class and otherwise reputable citizens, but in their statements of the amount of business done I certainly think they are the greatest prevaricators God ever made. Some of their stories would put Ananias to the blush. It is just such stories as these that lead people to believe that our incomes are out of proportion to what they should be, and tends to overcrowding our ranks by creating the impression that the practice of medicine is the short road to wealth. Statistics show that the average income of physicians in the United States is about $1000. I have never yet met a physician who claimed to make less than $1500. I have often wondered what was left for the poor devils who brought the average down to $1000.

Another abuse to which I wish to call attention is our treatment by boards of supervisors. We all do more or less business for the county. There is no reason why the county should not pay as much for our services as an individual. It is the uniform practice to cut physicians' bills. They seem to

act on the principle that we are a lot of rogues seeking to defraud the public. We should take measures to defend ourselves against such injustice; not alone to obtain our just dues, but resent the insult heaped upon us. We have quietly submitted to this petty tyrany for the reason that our only redress was through the courts, and this was too expensive. The boards are aware of this and take advantage. In several instances members of this Society have sued for their justly earned fees, and in every instance defeated the board. Since they force us to this resort it has occurred to me that we should take some action looking to a remedying of this evil. I am in favor of this Society employing an attorney to prosecute every just claim rejected by the board. This would show them that we are a unit for the rights of each individual member. It may be argued that such a course would convert our Society into a collection agency. Suppose it does. We will not have to engage in business very long, for a few suits will bring them to terms, and then we can go out of business. The action of the board is indefensible, but this condition of things largely grows out of the fact that there is no uniformity of charges in accounts presented to them. For example: At the last meeting of that body I presented a bill for attendance upon three cases of diphtheria. At the same time one of my colleagues presented a bill for attendance upon six cases. His charge was about one-third as much as mine, and mine was even less than the fee bill. They paid his bill without protest, but wanted my charges to conform to his. To this I objected and got my pay. Now in face of such discrepancies is the board altogether to blame? Bills come in from all parts of the country. They can very consistently take the position that one man's service is worth as much another's. There is a marked difference in the accounts rendered. They take the lowest as the standard and make the rest conform to that standard. The physician who charges the low fee in this instance not only robs himself, but wrongs his brother practitioners.

There is a class of never-do-wells in every community who stick to their physician like barnacles to a ship. They require

more attention than any other class. They send for the doctor for every ache and pain. They like to have it appear that they are on very confidential terms with the doctor, and are loud in their praise of his skill. They are very patronizing in their manner and profuse in their promises to pay. They do pay, but it is in promises and praise. I have found a very good way to deal with such people is to go when called, never ask them for money, but frequently call on them for work. They try to wiggle out of it, but I follow them up sharply. They soon learn that I will only be imposed upon about so far, their calls become less frequent, and finally they quit me entirely, much to my relief.

I have endeavored to "nothing extenuate or set down aught in malice." Let each one resolve to live up to the fee bill, and do it, and there will be no occasion to refer to this subject again.—[Medical Standard, July, 1890.

Some years ago the Medical Standard, in discussing the causes of professional tendency to decadence, said:

"Medical society fee-bills of seventy years ago are practically identical with, if not greater than, those of the present time. American medical remuneration is now much less, proportionately, than it ever has been. With this decrease in pecuniary reward has come an almost equal decrease in social recognition. The physician no longer towers above the community as a member of that famous aristocratic triumvirate of the first three decades of the present century — the 'parson,' the ''squire,' and the 'doctor.' The ''squire' has risen in prominence on social and economic questions, but the 'doctor' has fallen. Where today is the American physician who is heard with such respect as was Dr. Rush? With this social and pecuniary decline of the American medical profession has come a decline in its scientific status. American medicine stands high, but it no longer occupies the commanding position it did when Rush and Physic were universally accepted as oracles on practice of medicine, when Ephraim McDowell and

Valentine Mott loomed up as giants even among the surgical giants of the dynasty left by William and John Hunter. The causes of this decline are not far to seek. The 'squire and the parson kept pace with the commercial progress of the day while the physician not only failed to progress in this particular, but ostentatiously conducted his practice as a philanthropic pursuit. From a pauperizing humanitarianism the physician became the preceptor of students whose early mental and moral training unfitted them for the practice of medicine. These men swelled the ranks of the profession, used every objectionable means to achieve success, while ostentatiously bowing to the cant against commercial practices. Colleges, created to give these men the advertisement of a professorship, graduated a few students and perished. Within the last fifty years about one hundred such colleges have arisen and died. The result has been that professors have rivaled in numbers militia colonels, who, in America, are like the sands of the sea, in multitude. Humanitarian cant has been the bane of the profession. It has created the rotten diploma-mills, which pour out annually such hordes of half-educated diploma-buyers. It has established the too numerous dispensaries, with their wealthy pauper patients. It has manufactured a host of wealthy 'confidence' people, who fleece the physician out of his bills for medical services. If the profession is to rally from its present decadence, it must conduct its relations with its patients and the community on business principles, not on those of canting pseudo-philanthropy."

Since this was written "mutual benefit" societies have been formed for protection against "dead-beat" patients and the number of these is on the increase. There is observed also an increasing tendency to discuss these subjects in County Medical Societies. The paper of Dr. J. W. Pettit, elsewhere published, is therefore a decidedly timely contribution and should stimulate similar action by other County Medical Societies Every State Medical Society should have a section devoted to the discussion of the material interests of the profession.—[Medical Standard July, 1890.

The Work of the County Societies.

Secretaries of County Societies are requested to send to the Secretary of the State Society at once a complete roster of their officers and members with their addresses, together with the time and place of meeting of their Societies. They will also confer a favor by sending to the JOURNAL reports of their meetings and such papers as are deemed worthy of publication. The JOURNAL is anxious to lend its aid to the County Societies, and hopes to have reports of every meeting of those that may be held during the year.

Correspondence is also solicited from counties where there are no organized Societies. It is only by continued effort that Societies can be organized and then by a little more work they can be kept going and redound to the interest of the individual members, to the profession at large and to the laity. Some of the counties having the largest number of qualified physicians have no Societies, and still worse, some of the largest Societies are the most ineffective.

Let at least five regular graduates in each county earnestly resolve to have a Society and there will be no further difficulty. All that is required in the first place is the desire for a medical organization and fruitful results will surely follow. The Legislature will meet in January and it is hoped something in the direction of medical legislation will be accomplished. That hope will speedily become an accomplished fact if the physicians in Arkansas *first decide on what they want* and then through their thoroughly organized *County Societies* ask for it. If half the time that has been spent in abusing the "last" Legislatures had been devoted to the unification of the medical profession in Arkansas the inhabitants of the State would today be protected in their lives and health as they have a right to be. The best time to expend energy in well-directed effort is before the "next" Legislature and not in wailing and weeping about and abusing the "last" General Assembly.

Correspondence.

To the Editor: Will you please state whether delegates from District Medical Societies are admitted to the sessions of the State Medical Society and oblige, * * *

When the Society was first organized the Constitution provided that delegates from only County or Municipal Societies could be admitted as such, and a decision having been called for at the Fifth Annual Meeting, the Judicial Council decided that: "Delegates from District Medical Societies cannot be recognized by the State Medical Society by reason of the fact that its organic law recognizes only County and Municipal Medical Organizations." Subsequent to this decision the Constitution was so amended that "they (members) shall hold their appointment to membership as delegates from a permanently organized Municipal, County, or District Medical Society, as members from counties where no society exists, or as permanent members. But no District Medical Society shall be entitled to representation which includes within its county or municipal territory any Medical Society in affiliation with this Society."

Pharmacy.

[Devoted chiefly to the interests of the Arkansas Association of Pharmacists.]

The Pine Bluff Meeting of the Arkansas Association of Pharmacists.

The eighth annual meeting of the Association was held at Pine Bluff, June 24, 25, 26, 1890. The meeting was the largest that has been held since the Association has been in existence, and more was accomplished than at any former session. The citizens, as well as the local members of the Association of Pine Bluff, did everything that could be invented

for the comfort and pleasure of their guests. There is so much in the address of President Kerr that can be applied with equal force to the struggles and defeats of our own profession that his address is published in full. In justice to Mr. Kerr it is stated that he is in no way responsible for the appearance of his address in this issue.

PRESIDENT KERR'S ADDRESS.

I promise you that my address this year shall have one merit, if no other—it shall be brief. We have met to-day in our eighth annual convention.

EIGHT YEARS OF ORGANIZED EFFORT

have been expended in the work of erecting a pharmaceutical edifice in Arkansas, which the builders fondly dreamed should have by this time assumed commanding proportions—the pride of its workmen and the admiration of all. Has this dream been realized? When we compare its humble beginning with what it ought to be today our hearts grow faint with discouragement; but when what it was is laid alongside of what it is, we find much to encourage. We find, at least, that a good, broad, solid foundation has been laid, capable of sustaining an edifice of such proportions as will accommodate the largest wants of the future. Again, when we compare what has been accomplished in eight years, with what has been accomplished in the same length of time in the same direction in other States, we feel a sickening sensation of heart depression; but when we think of the unfavorable circumstances with which we have been surrounded, and the innumerable obstacles piled up before us, which have not so much confronted them,

OUR DROOPING COURAGE REVIVES,

and we feel that it has not been nearly so bad but that it might have been worse. Still further, when we remember the immense amount of work which has been done, and then reflect that we have barely a foundation to show for it, a feeling of goneness pervades us; but this is chased away by the thought that a good foundation is half the structure, and, if so, it will

only require eight more years of earnest effort to complete the work, and that, when finished, it will be worth all it has cost, and more, and, besides, it will be ours. So that, taken all in all,

WE HAVE AS MUCH REASON TO REJOICE AS TO REPINE.

Besides, it is not so much a question of what has or has not been done, as of what must be done. We have put our hands to the plow and we dare not turn back.

The past has not been an eventful year in our history; that is to say, it has not been marked by any specially startling event signalizing it over any former period, but we believe it has been, in some respects, the most prosperous one of the eight. The druggists of Arkansas are beginning to see that there is something more in their occupation than the mere dollars and cents they hope to get out of it, or, rather, that if they would reap the full rewards of their labor in golden shekels, there is something more to be done than stand behind their counters and talk up their patent nostrums. The idea of a community of interests, a mutual dependence and the necessity of concertive action is unquestionably taking hold of them, and, as a result, I have received more letters of inquiry concerning our Association during the past year than during the two preceding ones, and I believe we have had more accessions to our membership since our last meeting than between any two former ones. The methods used to effect this have been, as heretofore, printed circulars and private letters. I have sent out about 750 of the former and near 200 of the latter, and while present visible returns have been discouragingly disproportionate to the labor performed, still

THE SEED HAS BEEN SOWN,

and I have an abiding confidence that the fruit will be gathered in the near future. These efforts have not been backed up by the personal appeals of each member as they ought to have been, or the result today would be that you would be called upon to act upon more petitions than we have names upon our roll now. It will not be until each one feels that upon him alone depends the responsibility of inducing all the eligible men

in his section of the country to join the Association, that our membership will ever include the number of names it ought to have. We labor under

THE DISADVANTAGE OF HAVING NO PHARMACY LAW

to force the druggists to come together, and hence this should only stimulate each one to greater zeal in working for the cause, for it may be that we will never have such a law until this Association has grown to such proportions that its requests may not be ignored. I do wish I knew what could be said or done to arouse our members to a more active interest in working for the advancement of practical pharmacy through the building up of this Association, its only legal representative in Arkansas.

The pharmaceutical world on this continent is looking upon you and your work with an interest that you "wot not of." Nothing gratified me so much on my recent

VISIT TO WASHINGTON CITY

as the warm expressions of interest in our Association, and sympathy with us in our fight for a pharmacy law, which were given me by pharmacists all over this broad land, even in the far down East. Their hearts are with us, and so would be their hands, if the way were clear. They expect much from us, and, whatever we do, let us not disappoint them. I appointed Messrs. J. E. Gibson and L. J. Ashby, of Little Rock, and J. M. Anderson, of Pine Bluff, to represent us before the

STATE MEDICAL SOCIETY,

which met at the former place on May 14, last, and refer you to their report for further information as to what was done. I would like to say, however, in this connection, that they gave our

NATIONAL FORMULARY

a very hearty indorsement, and resolved to use its preparations in preference to all others of a similar character in their practice, and this, if carried out, will create a demand for them which our druggists should be ready to supply promptly. I

would recommend that you authorize the issuance of a circular addressed to all the druggists in the State, advising them of this action and urging them to get themselves in shape to furnish these remedies promptly on demand. I have been reliably informed that this Society contemplates the establishment of a medical journal, with a pharmaceutical department, in the near future. Personally, I am very much attracted by the scheme. It is in the direction of progress and education, and will not only have the effect of unifying and elevating the medical profession, at which we will all rejoice, but it will help build up pharmacy and tend to

BRING THE TWO PROFESSIONS CLOSER TOGETHER,

and, therefore, I think it worthy of your warmest indorsement, and would recommend that you take steps to bring the matter to the attention of the druggists of the State, and urge them to give it their moral and financial support.

I recommend that article three, section four, of our Constitution be so amended as to provide for a permanent Committee on United States Pharmacopœia. I was impressed with the necessity for this during my attendance upon the revision convention at its recent meeting. It is clear that the pharmacists of the country will wield a still greater influence in the work of revising our standard in the future than in the past, and the State Pharmaceutical Associations will form an increasingly prominent factor in the part borne by the pharmacists, so that it will be necessary for them to begin the study of that work systematically from the time of the issue of the next edition, and I want

ARKANSAS TO BE READY TO TAKE A LEADING POSITION

in the procession. I would also recommend the continuance of the Committees on National Formulary, Adulteration of Drugs, and Competitive Displays of Home-Made Pharmaceuticals. I come now to speak of the work of this meeting,

THE ADOPTION OF A PHARMACY BILL

for submission to our next Legislature, and arrange a programme for the campaign in its interest. I have but few sug-

gestions to offer. I would counsel the greatest caution and deliberation in laying the foundation, for upon your effort at this time will depend largely the success of the effort. There should be no hurrying through, but sufficient time taken to arrange all the details, as far as it may be done so long in advance, and without unnecessarily hampering the Committee on Legislation. The bill you prepare should be freed as much as possible from the objections which were urged against it before, yet so as not to detract from its effectiveness materially; but remember that this Association will be held responsible for the bill it presents, and it were better to have no law than a thing cut and trimmed to fit the whims of every smart legislator.

IT TAKES MONEY

to run this sort of a machine as well as any other, and I think the Committee on Legislation should be instructed to call upon every drug store in the State to contribute to a fund to be used for defraying the necessary expenses of the campaign. It seems to me that three or four hundred dollars, and perhaps more, might be raised in this way, and if so, it would enable us to pay the expenses of men to spend some time in Little Rock during the session of the Legislature and help engineer the bill through; and also provide for printing and distributing circulars of information, etc. We should endeavor, too, to get in as much work as possible before the September election, instead of leaving all to be done afterwards, as we did before.

The candidate is much more approachable, as well as pliable, than the elected delegate. Some scheme should be devised to secure the

CO-OPERATION OF THE DRUGGISTS

throughout the State, irrespective of their membership in this Association, and the fact should all the time be kept prominent that this is a measure asked for by the people and seconded by the druggists in the common interests of all.

With these suggestions I leave the matter with you. I have confidence enough in your wisdom and zeal to believe

that if we do not have a pharmacy law before we meet again, it will not be the fault of the Arkansas Association of Pharmacists.

I have now reached the end of my

THIRD ANNUAL ADDRESS,

and with it my third year's service as your president, and am come to lay my work, with all its imperfections and mistakes, at your feet. I am deeply grateful to you for your partiality in so frequently honoring me, and thank you most sincerely for it. Our relations have been uniformly pleasant. In all that time I cannot call to mind the slightest appearance of a jar, which I take to argue that our motives have been mutually sincere and our aims one.

May such oneness of purpose ever characterize your relations with my successors and all your other officers and each other, and, rest assured, if such is the case, the time is not far distant when, as an Association, you will take such rank in the galaxy of similar organizations that your hearts will swell with pride at the mere mention of the name of the Arkansas Association of Pharmacists.

Miscellany.

The American Medical Association and Proprietary Remedies.

The rapidly growing and pernicious tendency, on the part of a certaian class of manufacturers, to force upon physicians and pharmacists the use and sale of secret and proprietary remedies, received the unqualified disapproval of the Tennessee State Druggists' Association, which was emphatically indorsed by the American Medical Association. The memorial by the former body reads as follows:

"*Resolved,* That a committee of three be appointed to lay before the American Medical Association the great and growing evil of prescribing secret and proprietary preparations by many members of the medical profession, as many of such preparations are glaring frauds. The formulæ often stated on the label are misleading, if not fictitious. That all such preparations should be classed as secret, proprietary or patent medicines; and that the American Medical Association be petitioned to declare it against its Code of Ethics for any member of that body to prescribe any such preparations; That the Association be requested in every possible way to discourage their use, as in prescribing these nostrums the medical practitioner is really playing into the hands of quackery, thus teaching the patients to dose themselves; and that the use of such nostrums is utterly unscientific and unbecoming to a profession striving after exact methods."

The memorial then described several popular preparations of which the formulæ are purported to be given, and showed that ingredients were claimed to be used which really had no existence.

"The result is," continued the committee, "that physicians do not get what they purpose to prescribe, and form incorrect conclusions as to the therapeutic value of agents that are helping to undermine the very foundations of scientific medication, and at the same time aid in building up a class of manufacturers whose methods are unscientific and unprofessional. Many eminent physicians and college professors have done much in extending this unwise and injurious practice of self-medication."

It is not denied, however, that some of these proprietary remedies possess practical value, but the larger number, and perhaps the majority, are mere worthless nostrums, or every day combinations of ordinary drugs adroitly disguised, and copyrighted, patented, or otherwise protected under assumed and misleading names. Such are "pushed" with the utmost endeavor by means of agents and shrewd advertising, which with testimonials, *et al.*, added, represent no small out-

lay, and the proprietors expect to recoup themselves for all these, with from 50 to 500 per cent. added, through the medical profession. This is an onerous tax upon both physicians and druggists. As Mr. Stacy Lord stated before his colleagues at the Tennessee State Druggists' Association:

"No sooner does the druggist lay in a stock of certain goods, before along comes another vendor who advertises the town, and the druggist's shelves are left crowded with unsalable goods."

It would be well, also, if medical men generally understood the status of the proprietary antipyretics and analgesics that are flooding the market. Instead of being accurate productions of responsible pharmaceutical firms, they are simply by-products of a *farben fabrik*, or anilin colór works. They have no guarantee as to standard, purity, equality or stability. They were foisted upon the medical profession in a fraudulent way, and are fraudulent as to titles.

Under the circumstances, the resolutions passed by the representative National Medical Organization of the United States, and State Druggist's Association of Tennessee, are most timely, and it behooves medical men generally to be more careful in their prescriptions, and also in their indorsements. Proprietary medicine prescribing is not only quackish, but empirical; since it exhibits no skill that may not obtain to any layman, for thereby the physician accepts the dicta of manufacturers instead of relying upon precise physiological and therapeutical information.—[G. A. S. in American Lancet.

From the published reports, Hot Springs, Ark., is the center of commercial methods as applied to the practice of medicine. About forty physicians employ regularly drummers to infest the incoming trains and secure for their principals the booty of new patients. To the invalids they represent themselves under various characters. Sometimes they are old residents, sometimes they are former visitors who received the most scientific treatment from Drs. A. or Z., etc. If the pa-

tient has a letter to some reputable physician, he is informed that said doctor is dead or the victim of some habit incapacitating him for the practice of medicine. In some way like these the patient is "steered" to the office of the employer. Of course, the most helpless and unsuspecting are thus "run in." The drummers receive a large share of the profits, fully half it is said. Of course, the business of reputable men is injured by these practices. To break up the practice, the City Council required these drummers to take out a license. Twenty-one promptly complied with the law, took out licenses to "take in" patients and had their names placarded in conjunction with those they solicit for. The local Medical Society issued circulars to be distributed on the incoming trains, but drummers controlled the railroads, and the circulars could not be thus distributed.—[American Lancet.

The Medical Department of the State University.

The faculty of the Medical Department of the Arkansas Industrial University, having disposed of their building on West Second street, that the College has been occupying since 1879, have purchased a lot on the northwest corner of Sherman and East Second streets, and commenced the erection of a new structure, which will be ready for occupancy in time for the next course of lectures. The building will be constructed on plans of modern style of architecture. It will be 100x150 feet in area and three stories high, with a lecture room below and an amphitheatre above. Besides there will be a number of rooms and apartments for every kind of use that a long experience has shown to be necessary or even convenient. The dissecting room will be very large, well lighted, and thoroughly ventilated. The seating capacity of the rooms will be 300 each. The building will be heated by steam or hot water, and every convenience and comfort will be provided. The faculty have long contemplated this move, but did not wish to undertake it until they could realize a sufficient sum from the sale of the building they were occupying to erect an edifice adapted to

their every want. The location of the College is pleasant and convenient, and when the building is finished it will be an ornament to the city, a comfort to the students who may attend the lectures within its walls, and a monument to the zeal of the small band of physicians, who without outside aid but against the ignorant prejudices of many of the laity and the discouraging sentiments of some of their own numbers, have erected it and will successfully carry it on.

Dr. R. N. Ross, of Lonoke, received this just after the famous "original package" decision of the United States Supreme Court:

"Dr. r N rass Dear Sir I Now State you how I am giting along I up and Can Work and I have that tighness in my 8tamach Stays tight all the time Jest as ef I had Jest eat so my head is Not drunk Now as I was When I Came to see you it is all gond a way But I Ceap right in Side and I Want you to send me sume Medicine I live at —— Bras I am the one that you give that Medicine When Mr A D —— was here I have a good aptite to eat but you Dun me heep of Good Before. H. B. —— (at Tanner Bras) Lonoke, ark."

If the doctor had experienced any difficulty in coming to a conclusion as to diagnosis and treatment he should have sent his communication to one of the medical journals which has something like this under the head of original communications. (Italics ours).

"*Short* articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; *also difficult cases for diagnosis and treatment.*"

A young physician was asked by an old friend how he was getting along. His reply was short, but short as it was, it would be a powerful and pathetic commencement address, or perhaps might with propriety be repeated to students who have to pass preliminary examinations on entering upon a course of medical lectures. He said: "Well, my old friend, I am not the fortunate owner of a horse and buggy, and have to walk

to see all of my patients; these are the same shoes I wore on the night of my graduation, and they are good yet, but my pantaloons and office chair have been bottomed on an average of about twice a month."

Necrological.

P. C. West, M. D.—Seldom does it become our duty to perform a sadder task than the one now before us—to chronicle the death of our well-beloved friend, Dr. P. C. West. But one short week has passed since he was in his usual health and spirits, and now he has passed beyond—"to that bourne from which no traveler returns."

Preston Caplinger West was born at Louisville, Ky., March 31, 1841. His academic course was taken at Fulton, Mo., and he graduated in medicine at the Louisville, Ky., Medical University in 1863, at the age of 22. Soon after the war he was for two or three years physician to the Louisville City Hospital and House of Refuge. In July 1866, he was married to Miss Winifred Wilcox, of Rodney, Miss., and unto them were born one daughter, who lived only two months, and two sons, Preston C. and Gustavus W. West. In June, 1870, they removed to Arkansas, making their home in Desha County, where they remained until July, 1879. On account of the frequent overflows consequent upon a residence in that section, it was decided to change their location, and on February 17, 1880, they came to LaGrange, in Lee County, where they made their home, and by their sterling worth and integrity of character, made a host of warm and lasting friends. Here on May 21, 1887, Mrs. West died, and the family ties were sundered; since when Dr. West has devoted his time to the education of his sons. For some time they attended the Southwestern Presbyterian University at Clarksville, Tenn., after which the older son, Preston, went to Fort Smith, Ark., where he read law with Messrs. Winchester & Bryant, one of Fort Smith's most prominent legal firms. Subsequently, Preston went to the University of Virginia, to pursue the study of law, and was

there at school at the time of his father's death. In the meantime, the younger son, Gus, had become associated with his father in mercantile pursuits, under the firm name of P. C. West & Son.

Dr. West was for many years subject to attacks of asthma, during which he suffered as those only similarly afflicted can suffer, and it was during one of these attacks that he passed away on Thursday, November 21, 1889.

It is probable that there has never been felt the deep sorrow and sense of absolute loss in that community over the death of any person before. At his funeral all were present in a sorrowing procession. He was buried in the Masonic cemetery at LaGrange, and loving hands covered his last resting place with flowers.

As a physician Dr. West stood in the front rank. A steadfast friend, his loss was most deeply felt by all.

The Index most sincerely extends sympathy to the bereaved relatives and friends.

RESOLUTIONS OF RESPECT.

Hall of Lee County Medical Association,
Marianna, Ark., December 2, 1889.

Mr. President and Fellows:

We, your committee appointed to make mention of the death of our friend and brother, Dr. P. C. West, would insist that in the dispensation of God's providence, whether to us dark or otherwise, we should in meekness submit. That we are reminded in his death of the allotment soon to be ours. That we appreciate the fact that not only our Association and Lee County have sustained a great loss, but that one of the best medical men in the State has departed from us That his aid and counsel will long be missed in our Association hall; That we herewith tender to his bereaved children and his personal friends and patrons, who were the beneficiaries of his professional skill, our heartfelt sympathies. That a page of our record be dedicated to his memory.

Very respectfully submitted,

J. W. Hayes,
T. J. Robinson,
C. F. Foster,
Committee.

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ADDRESS:—LORENZO P. GIBSON, M. D., Managing Editor,
No. 111 E. Fifth Street, Little Rock, Ark.

All members of the Society should send their annual *dues* to the *Treasurer*, A. L. BREYSACHER, M. D., No. 121 W. Second Street, Little Rock, Ark.

VOLUME I. SEPTEMBER, 1890. NUMBER 3.

Editorial.

SOME REFLECTIONS ON THE ARKANSAS MEDICAL ACT.—The iniquities of the medical practice act in this state have been so often discussed, and are so well understood that it may be deemed almost superfluous to say anything further on the subject; but what is here written is suggested with the idea that it may be well at this time to formulate into more definite shape its defects, that they may be the more successfully urged in favor of amendment of the present, or the enactment of a new law. First. The qualifications and mode of selecting the members of the county boards of examiners are objectionable on the ground that in the first place the appointing power is vested in men, who, as a rule, are wholly incompetent to pass on the qualifications that ought to be possessed by professional

gentlemen designated as "learned in the sciences of medicine and surgery, of good moral character," etc. Second. No definite standard of qualification is prescribed, such as that members of the boards shall be graduates of reputable schools or members of some medical organization, admission to which carries with it the proof that the antecedents of its members and their professional and moral standing have been investigated. Third. While the spirit of the law indicates that applicants rejected by one county board shall not be licensed by another than the State board, the Attorney-General gave it as his opinion that the letter of the law did not prohibit rejected applicants from going from county to county until a board might be found that would grant them license. It is too well known that men most ignorant and wholly incompetent have been rejected by several competent boards, but still went from county to county until a board was found the members of which being on a level with the applicants have licensed them and they are today plying their vocation at the expense and to the detriment of innocent parties who are not competent to judge of the proper attainments that ought to be possessed by persons pretending to practise medicine and surgery. Fourth. The law provides that "all physicians and surgeons who have engaged in a reputable practice for five years next before the passage of this act, shall not be required to undergo the examination herein provided for, but upon satisfactory proof before the County Clerks of such continuous practice and the payment of the fee allowed, that officer shall be recognized." The crimes committed under that section are past remedy nevertheless it is a burning shame that under its provisions men who could neither read nor write, men who had never seen a medical school or opened a text-book, men who were not only ignorant and bigotted but criminal also, were registered by County Clerks and are today preying upon the ignorance and credulity of the people. And yet in the eyes of the medical law of Arkansas, these creatures are on a lawful equality with refined, conscientious gentlemen who have spent years of study and

much money to qualify themselves to assume the responsibilities of the most trying and difficult of all professions. Fifth. And as objectionable as any is this last mentioned provision which licenses and puts on a lawful equality with the educated physician these unqualified and unscrupulous men who "took up" the practice, because, if they possessed the intellect they were too lazy to plow a straight furrow, chop out a row of cotton, or saw to a straight line—in a word, men who were too indolent and ignorant to make their living as farmers, mechanics and laborers by the day, and who became so-called doctors because they believed it would give them an opportunity to filch from their innocent and unsuspecting employers a sufficient revenue to keep body and soul together. The ordinary mortal generally knows less about medicine than any other subject. Persons well posted in law, theology, literature and many of the sciences have no more conception of the structure and functions of their own bodies than had the preacher-doctor member of one of our Legislatures who paid a special visit to the dissecting room in this city to ask the demonstrator of anatomy if it was a fact, as he had always believed, that man really had one rib less than woman, and who was utterly dumbfounded when he was told and shown that both sexes had the same number. This member was, of course, against medical legislation. These things are mentioned to show how utterly incompetent the laity are to protect themselves from the destructiveness and unscruplousness of the so-called doctors. This unfortunate state of affairs is well understood by members of the regular profession, and they, as well as their patrons, are frequently the sufferers; but the latter, as a rule, do not realize, as they ought, that the more ignorant and biggoted a man professing to be a doctor is and the louder he proclaims his accomplishments and success the more he is to be shunned. It behooves the regular physicians on all occasions to warn the people of these pretenders and to endeavor by their daily walk to show them the difference between the charlatan and quack and themselves. Let the reputable physicians in the State try to call the attention of

their legislators to the true condition of affairs that they may the better be prepared to appreciate the motives that prompt us to ask for such medical legislation as will have the effect to remedy the wrong that is being done. In the next issue the remedy for these evils will be suggested.

MEMBERS of the regular profession throughout the State are requested to send to the JOURNAL statements of cases of malpractice that have occurred within their own knowledge or that can be fully substantiated. The January number of the JOURNAL will be devoted almost entirely to the subject of medical legislation, and such evidences of the shortcomings of the present medical law and the need for a better one will be laid before the Legislature as ought to convince any body of fair-minded men that the people and not the doctors need adequate protection, and ought to have it. The JOURNAL proposes to lay all the facts before the Legislature, and if its friends throughout the State lend their aid in a proper spirit, there is but little doubt that their combined efforts will be successful.

It has been unfortunate heretofore that there has not been that concert of action that is essential to success; many forces acting in different directions cannot produce the resultant that would follow from the effect of a few well combined and acting together. The medical profession in Arkansas has great force, but has been wofully deficient in that one important essential direction.

THE Press Printing Company, who have the contract for printing the JOURNAL, have had their office in a state of confusion for more than a month on account of moving into their new building. The JOURNAL has had to bear its share of the inconvenience along with the others, hence the delay in issuing the first three numbers. The October number will appear on time and every issue thereafter. Many improvements will be made from time to time until the JOURNAL of the State Medical Society of Arkansas will be one of the cleanest, neatest and most readable journals in the country.

Original Communications.

Report of Committee on Surgery.

B. HATCHETT, M. D., FORT SMITH, CHAIRMAN.

[Read at the Fifteenth Annual Session, Little Rock, May 14–16, 1890.]

Mr. President and Gentlemen:

When I had become informed of my being chosen Chairman of your Committee on Surgery, I sent letters to each member of the committee requesting them to make observations of everything new occurring in the department of surgery, and forward the same to me for the purpose of compiling this our report. In answer to this request, two have kindly forwarded me their contributions. I had hoped to have had responses from more of the gentlemen, so as to be able to compile a report of the surgical progress, more particularly of our own State.

Dr. A. C. Jordan writes: "The past year has been marked by the steady advancement in the branch of antiseptic surgery which distinguished its predecessors. New agents, possessing antiseptic properties, have been introduced; others have been tried and discarded as worthless.

"Lister has discovered, in the double cyanide of mercury and zinc, a substance possessing marked antiseptic properties, and it is claimed to be free from the irritating and toxic effects of corrosive sublimate, and other antiseptic agents now employed. Prof. Billroth, of Vienna, reports several cases of poisoning from carbolic acid. It is generally conceded, I believe, that iodoform has not the antiseptic properties once claimed for it.

"Drainage in surgery is entitled to attention in this connection, as a part of the antiseptic plan. The profession, as a rule, employ the drainage tube to remove the contents of abscesses of importance, sinuses and openings into cavities.

There are some, however, Prof. Boeckel among the number, who have discarded the practice of drainage in operative wounds.

"Perhaps in no other portion of the surgical field, has there been such progress of late years as in abdominal surgery; and the past year has kept pace with its predecessors under an improved operative technique and an early resort to operation. We can now invade every portion of the abdominal cavity with comparative safety and resort to operations that formerly were considered hazardous.

" Loveta's operation of digital divulsion of the pylorus for cicatricial stenosis, extirpation of the caecum and appendix, though a formidable operation, is now an established procedure. The decalcified bone-plates of Dr. Senn, and modifications proposed by Drs. Abbe, of New York, and Brokard, of St. Louis, have done much towards simplifying operations upon the stomach and intestines, and the death rate has been greatly diminished by their use.

" Recent improvement in the topographical studies of brain lesions, and those of the spinal cord, enable the surgeon to not only diagnosticate an intracranial lesion, but to mark out its location with mathematical precision. Many cases of traumatic epilepsy have been relieved or permanently cured by resorting to the trephine. Cerebral tumors are now successfully removed, and abscesses of the brain evacuated with success in 50 per cent. of the cases reported. Dr. McEwen, who has done much towards developing cerebral surgery, has successfully evacuated four ounces of pus from a cerebellar abscess, thus crossing a line beyond which surgeons, until recently, had feared to pass.

" There has been noteworthy advancement made in neurotic surgery within the past year. Resection of nerves to relieve neuralgias, and the suturing of accidentally divided nerve ends has proven a successful operation, and afforded relief in paralysis and muscular irritability. Forcible stretching of a nerve in both directions, as first practiced by Nussbaum, has been attended by gratifying results.

"Cholocystotomy is a new operation of considerable magnitude, that promises well, though not yet largely tested. Drs. Thornton and Mears, of Philadelphia, have reported a series of cases relieved by this operation. Statistics prepared by Dr. Thomas show that abdominal section for hydatid of the liver is much preferable to tapping. Splenectomy is also a new operation in surgery, and quite a number of successful cases have been reported. This procedure is indicated in an enlarged, indurated and otherwise diseased spleen, when all other means have failed and the patient has not leucocythæmia.

"Nephrotomy and nephrectomy are now established as legitimate and useful procedures.

"There has been some important advancement made in the surgery of the bladder in the last year. Perineal section has been supplanted to a great extent by suprapubic operation. The convenience and safety of the suprapubic operation have won for it this prestige. The removal of calculi, morbid growths and foreign bodies from the bladder by this route has become a daily practice.

"Prostatectomy as performed by Prof. Bellfield, of Chicago, has grown in favor among the surgeons both in this country and abroad.

"Extirpation of the larynx for sarcoma and carcinoma is strongly urged as a justifiable procedure by European and American surgeons. Laryngectomy for the relief of carcinoma is generally followed by a return of the disease, and I am of the opinion that its adoption is of doubtful propriety. Intubation in diphtheria and croup is rapidly becoming a *dernier* resort. Dr. Guyer, of Zurich, as well as surgeons of this country, now practice intubation in preference to tracheotomy. Of twenty-seven cases of acute obstruction reported by Dr. Guyer, and treated by intubation, thirteen recovered."

Dr. T. J. Clegg, of Siloam Springs, writes:

"There has during the past year occurred nothing in this part of the state from a surgical point of view that would interest the profession or advance the science or art of surgery. Nor, indeed, judging from the current literature to which I have

had access, has there been much advancement from any source. There has been considerable discussion on the proper management of ectopic pregnancy, the treatment of perityphlitis, and the choice of anæsthetics.

"In the management of extrauterine gestation early abdominal section and removal of the fœtal sac appears to have the most and perhaps the ablest advocates. While the destruction of the fœtus by means of galvanism is practised by many, it does not seem to be so successful or less dangerous than the more radical measure.

"In the treatment of perityphlitis, Dr. Charles McBurney advocates, as soon as a diagnosis can be made, abdominal section and removal of the inflamed vermiform appendix; and reports several successful cases sustaining such a procedure. Knowing Dr. McBurney's reputation as a surgeon and his experience as an operator, we can but attach much importance to his conclusions. The difficulty, it seems to me, would be in recognizing the trouble sufficiently early to put in practice his operation. True, in a suspicious case an exploratory incision would be perfectly justifiable.

"The old differences of opinion as to what is the best anesthetic still exists, and will probably continue to do so for ages to come. The truth is perhaps that the proper anæsthetic to use should be determined by the particular condition of the patient in hand and the character of the operation to be done. And when surgeons study anæthesia from this, the only rational standpoint, much less differences of opinion will exist and much more benefit will accrue to humanity. Bearing upon this interesting subject is just published the report of the second Hyderbad Chloroform Commission.

"Among over forty conclusions based upon 430 experiments made upon dogs, monkeys, goats and horses, is one that chloroform never causes sudden death from stoppage of the heart; but respiration is always arrested before the heart ceases to beat, and that there is no difference in the mode of death produced by chloroform and that by ether, save in the degree of

rapidity, the mode of death being the same but occurring much more quickly from chloroform than from ether.

"The report of this committee is very elaborate and complete but too extensive to be adequately reviewed in a paper like this."

These two gentlemen have so well and thoroughly covered the field in a general way, there is little left for me to add. I may, however, mention a few minor things not included in the foregoing letters.

The literature of the past year on hemorrhoids has been full of the continued discussion for and against the method of carbolic acid injections. Nothing new, however, of much importance has been added. Those advocating its use, favoring the weaker solutions of from 10 to 15 per cent. The operation in a certain class of cases being highly commended and holding its position as an excellent proceedure. The operation in my own hands, with but few unimportant exceptions, has given entire satisfaction.

Electrolysis for the cure of urethral strictures, as advocated by Dr. Newman, has been thoroughly tested during the past year, and found to be an absolute failure by the leading genito-urinary surgeons of the country. Gradual dilitation, while it gives temporary relief in many cases, is fast losing its hold as a rational proceedure for permanent cure, and the operation of dilating internal urethrotomy has more than proportionately gained in favor, and the number of its advocates. Dr. Otis reported at the last September meeting of the American Association of genito-urinary surgeons a total of 666 urethrotomies of the pendulous urethra without a death. It is now accepted as the concensus of the profession that anteriorily to the triangular ligament it is the best operation to perform, behind this to dilate, if possible, otherwise to cut externally. There have recently been several deaths reported from the use of cocaine used as a local anæsthetic in the operation—enough to excite great caution in its administration.

The outward symptoms produced by it I am inclined to attribute to idiosynocracies of patients, or carelessness in the

handling. The cut should never be made while the urethra is filled with the solution. I have recorded cases of twelve operations made by myself during the past few months under cocaine with no unpleasant symptoms.

The subject of grafting has recently received considerable attention. Dr. Sherman, of San Francisco, has reported two cases in which he used grafts of animal bone upon the tibia. The pieces, one-third by one-fourth inches, were taken from dogs and chickens. The results were satisfactory. Dr. Rosenstein reports the successful use of puppy-bone grafts in the treatment of an injury of the first phalanx. In order for the success of the operation, it is necessary to preserve the periosteum of the pieces of bone, and that they be transplanted upon a granulating, non-suppurating surface. Wolfen, at the last Congress of German Surgeons, read a paper on the subject of mucous grafts. He found the mucous membrane adhered as well as the epidermis. The method of the implantation is the same as that of skin-grafting.

Dr. J. A. Dibrell, Jr., has called my attention to the report of a clinical lecture by Dr. W. W. Keen, of Philadelphia, on the subject of trephining for the cure of epilepsy. At this clinic Dr. Keen operated on a child aged 6 years, the subject of epilepsy. When the child was 14 months old he fell from a height of ten or twelve feet. He was made unconscious, and remained so for some time. He was thoroughly examined, but no evidences of injury could be found, and it was not positively known that he had struck his head at all.

At the age of 2½ years he had his first attack, and had therefore been an epileptic for four years. During these four years it was estimated that he had over five thousand fits, of these, about 80 per cent. beginning in the right hand. After being placed in the hospital under close observation, it was further found that his attacks most usually began with violent tremblings and flexion of the right hand. Everything medicinally had been tried with no relief, and an operation was resorted to for the purpose of examining the brain-center for the right hand.

The scalp was shaved and his brain mapped out with Wilson's cyrtometer. With this instrument the fissure of Rolando was fixed, and the position of the hand-center located. Over this center a disk of bone 1½ inches in diameter was removed, and the dura-mater divided circularly throughout three-fourths of the exposed part, was lifted away, and the brain brought to view. Nothing abnormal was presented. With a faradic current different points of the exposed brain were touched until one was found which gave response in the thumb, hand and wrist, and this was excised. The cortex surrounding the excised part was tested with the battery, and it was evidenced that all the center for the hand and wrist had been removed. The wound was antiseptically dressed.

Speedy recovery took place, and the child when last heard from was steadily improving. He had had a few attacks of *petimal*, but no severe convulsions. His knowledge of things had greatly improved, and his disposition, previously ugly and perverse, had become peaceful.

This case is but an addition to many others, as mentioned by Dr. Jordan above, of how it is shown, that by the employmet of recent methods, and the constantly increasing knowledge of the localization of brain centers, many of these poor unfortunates, heretofore doomed to a life infinitely worse than death, can be rescued.

I have today received a letter from Dr. J. A. Dibrell, who is now in New York, and I wish to incorporate extracts from it as a part of this report. He writes:

"A very important improvement has just been made here by Dr. J. A. Wyeth in the technique of the amputation at the hip joint, by which there is absolute control of the blood vessels, and very little hemorrhage is possible if care be taken. Dr. Wyeth uses two long pins about the size of lead pencils, and I shall say ten inches long. These are thrust through the thigh in the *antero-posterior* direction, viz.: One enters just below the anterior superior spinous process of the ilium, on the outer side of the thigh, and pushed through. The other enters to the inner side of the femoral vessels close to the

juncture of the thigh and body, and pushed through, each needle or pin embracing a sufficient amount of tissue to hold it firmly. Around the thigh, above the needles, a strong rubber tube is wound, and the pins being firmly fixed prevent the elastic cord from slipping downward, or becoming displaced. A circular cut is made through all the soft parts down to the bone, the bone sawed, and an incision along the outer side to the top of the trochanter major as near as the elastic band will allow. The vessels are now ligatured, after which the head of the femur is dissected out.

"In the one case in which I saw the method practised, there must have been a hundred ligatures employed—arteries, veins, in fact everything that looked like a bleeding point, was embraced in the ligature. Of course it was a very easy matter to pick up the larger vessels. After everything was tied that could be found, the elastic band was slowly and cautiously relaxed a little at a time, and other vessels, as they showed themselves, tied.

"The operation had been four times made here for diease. Two of them have recovered. The third one, which I witnessed, was doing well several days after the operation, and the fourth case, made last Saturday, I have not heard from.

"It is proper to say that Dr. Wyeth has not published his method, but will present it at the meeting of the American Medical Association, at its meeting at Nashville the present month."

Naso-Pharyngeal Fibromata.

BY T. E. MURRELL, M. D., LITTLE ROCK.

[Read at the Fifteenth Annual Session, Little Rock, May 14–16, 1890.]

Fibroid tumors occurring in the naso-pharyngeal region spring from the denser connective tissue lying underneath the mucous membrane, commonly having their firmest attachment

directly to and in the periostium. Their most frequent point of election is the vault of the pharynx; thence extending in various directions, they encroach upon the nasal spaces secondarily. They occasionally arise in the nose primarily, and perhaps more frequently than the literature on the subject would indicate, as in my own experience, I have had three cases where the origin was in the nose, and only one where the pharynx was primaily involved. A rule, however, cannot be established by a few cases.

In the pharynx the tumor more frequently has its origin in the vault to one or other side of the median line, but may symmetrically occupy the base of the skull. Latral origin on the pterygoid, or the bony projections of the posterior nares, as on the vomer and posterior ends of the turbinated bodies projecting into the pharynx is also met with. In the nose the point of attachment may be on any of the bony parts, but more especially in the vault of the posterior regions. The septum, turbinated bodies and cribriform plate of the ethmoid may also give attachment to fibroids.

In the pharynx fibroids usually have a broad base, and are therefore commonly sessile, while in the nose they are generally pedunculated. In the pharynx they are also usually single, while in the nose they are frequently multiple.

The progress of a fibroid in the naso-pharynx may be either very slow or quite rapid; ordinarily, however, it requires several months for them to attain such size as will cause distress. A history of many years will sometimes be met with. They grow in all directions, chiefly in that of least resistance. The cavities become tightly impacted with the growth, then the more yielding bony parts give way and are either torn asunder and pushed out or absorbed. If starting primarily in the pharynx, the vault of the pharynx may be first filled, and then one or both nasal passages, the soft palate may be crowded down, and even the mouth may be almost completely filled, as in a case reported by Dr. Lincoln. Laterally the extension may be into the pterygoid or temporal fossæ; or it may grow upward and pass through the sphenomaxillary fissure into the

orbit and push the eye forward. Extension forward into the choanae will eventually crowd the bones of the face apart, widening and flattening the nose until the frog-face appearance is produced. Upward and lateral pressure in the roof of the nose will encroach upon the orbit and push the eye outward, which pressure partially may push it forward, giving a double displacement.

When the tumor originates in the nose the facial distortion is the first deformity observed. With the frog-face comes displacement of the eye, on the corresponding side, if the tumor has an upward and backward expansion. The tendency of naso-pharyngial fibroids is to degenerate into sarcoma or myxo-sarcoma. This is especially the case if unsuccessful surgical procedures have been adopted. At first very firm, later soft spots are found in them with islets of firm tissue still remaining. Microscopically such structures are found as the character of the growth would indicate; dense white connective tissue in irregular bundles and networks in pure fibroids, or giving them extreme hardness, in one case in my experience resisting a good-sized piano steel wire sufficiently to break it. The fibro-sarcoma or fibro myxo-sarcoma partakes of the microscopic characteristics of these several tissues. The final issue of these growths is commonly fatal. There is a slow-growing fibroid in the nose that seems to be limited. These have a narrow pedicle and dont't seem to possess a very great blood supply. The cause of death is by exhaustion from hemorrhages, or mechanical interference with nutrition, or by blood poisoning from ulceration and absorption of septic matter, or by extension to and involvement of, or pressure on, the brain.

Whenever the nose becomes tightly impacted by a fibroid, spasmodic hemorrhages begin to occur, and may become quite frequent and exhausting, menacing the life of the patient in this way. Ulceration also ensues in the course of time by attrition with resisting parts, and septic absorption may follow.

Fibroids in the naso-pharynx occur most frequently during adolescence, with a tendency in favor of this age for those

originating primarily in the pharynx. Out of seventy-four cases tabulated by Dr. R. P. Lincoln*, forty-four were under 25 years old, six ages were not given, leaving only twenty-four over 25 years old. Out of eight cases of nasal fibroids collected by Dr. W. E. Casselbery,† only two are given as under 25 years old. In the Journal of the American Medical Association of December 8, 1888, Dr. E. Fletcher Ingals reports two cases of naso-pharyngial fibroids, aged 13 and 16 years, but the primary attachment is not given, they being at the time of operation widely attached in both the naris and pharynx. Add my own four cases, the one of primary pharyngeal, 20 years old, and the three of nasal, aged respectively 18, 20 and 45, the latter having existed from the age of 27 years old, and we have further proof of the greater tendency to naso-pharyngeal fibroids in early life. Further, they are more frequent in males, the preponderance in all the cases I have been able to collect being nearly five to one.

The causes of naso-pharyngeal fibroids are dubious. Injuries and local inflammations are supposed to have an influence, but no history of any antecedent accident or local disease can be ascertained in most cases. The beginning and progress of naso-pharyngeal fibroids are marked by no symptoms until they cause some mechanical disturbance by their increased size. Of course in the nasal passages a very small growth will interfere with free nasal respiration, and at a very early period point to something wrong; but in the vault of the pharynx the tumor may attain quite a considerable size before the patient is aware of its presence.

Situated in the pharynx, the first symptoms are a loss of resonance in the voice and a disposition to mouth-breathing. When the posterior nares are both impinged upon, mouth-breathing becomes imperative, but so long as one nostril remains free respiration may be carried on, partly at least, through the nose. The voice now assumes a nasal twang and the facial expression is one approaching the imbecile look so

* *Vide* Transactions Americean Larnygological Association, 1879.

† *Vide* Journal American Medical Association, April 21, 1888.

characteristic of enlarged adenoid tissue at the vault of the pharynx. Dullness of hearing from the pressure on the ostium tubæ of one or both ears, bleeding from the nose, headaches, increasing anæmia, and growing dullness of expression are the characteristics of advancing stages of these growths. Later come facial and oral deformities, exophthalmos, fullness of one or both cheeks, etc. On inspection these tumors are readily recognized by their smooth glistening appearance and firm feeling to the finger or probe. They are usually a deep red in the pharynx and a pale red in the nose. A tumor in the nose may appear as an irregular obstruction by anterior inspection and as a smooth globular mass protruding from the posterior nares by rhinoscopy.

The question of treatment for this class of tumors in this region is one that has puzzled surgeons more, perhaps, than any other surgical procedure. The vault of the pharynx and posterior nares are confessedly difficult of access; not easy to inspect, even, in many cases, and much more difficult to perform surgery in. These tumors, when large, have been ligatured, and, by daily tightening the ligature, have been completely strangulated and dropped off. This is tedious, not without danger of sepsis, but free of the danger of hemorrhage to which all operations on these growths are liable. Methods of cutting, tearing and gouging them off have been tried, but when of large size fatal hemorrhage has ensued from such procedures. The method of removal by the cold wire snare is a good one, as it can be so nicely regulated as to be made almost painless and, by taking time, also free from the danger of hemorrhage. In sessile growths the wire loop can only be adjusted by first transfixing the base with one or more needles and passing the loop over them. When it can be done the platinum wire loop engaged around the growth and cut through by raising it to a white heat with a cautery battery is the quickest way to remove the bulk of the tumor. The only advantage it offers over the cold wire snare is the rapidity with which the operation can be safely done, the danger of excessive hemorrhage following being usually slight, but not always

so, and the fact that a better grasp can sometimes be had on account of the heated wire readily sinking into the tissues. Whether the cold or the heated wire is used, after the bulk of the growth is removed its point of origin must be destroyed. For this purpose there is nothing equal to the galvano-cautery. A broad electrode heated to incandescence and well buried into the stump of the tumor at intervals of a few days or weeks according to the thoroughness of each application, until the base has cicatrized over and closely covers the bone with glistening cicatricial tissue will only insure against return. Recurrence has been the bane of all former treatment. Time and again have they been thoroughly removed only again to regrow and each time perhaps to form new adhesions and become more formidable. It is now the unanimous opinion of all surgeons of experience in dealing with these growths that they should be removed through the natural passages when possible. The various operations of periosteal exsection that have been devised and used for reaching these tumors from the outside have been abandoned, except in the direst cases. They are attended by such imminent risk and leave such facial deformity and are followed by such poor success usually that it is an act of temerity except in certain extreme and urgent cases to resort to an operation at once so grave and so formidable. If the tumor has already attained a size that is splitting the face open and is extending rapidly in all directions, the method of reaching it from the exterior will suggest itself. Better success, without risk to life, however, is offered in these cases by electrolysis. Cases are reported of the rapid reduction of enormous tumors by this treatment. When brought within the bounds of ordinary accessibility by this means, the methods already suggested, through the natural passages, should be resorted to because of the extreme tediousness of electrolysis to effect a complete removal of the morbid tissues.

It is a pity the existence of these tumors cannot be sooner ascertained than they usually are, or that they do not fall into appropriate hands before becoming so formidable. While still small they are ordinarily readily accessible and can be de-

stroyed in their incipiency beyond a question of return if properly treated. But having once grown to an extent to fill the natural passages and to force their way into the adjacent cavities of the face, disarticulating and absorbing bones, ulcerating and bleeding to exsanguination, the surgeon has a responsibility on him who undertakes the treatment that he would gladly be relieved of. Still it is possible to save the patient's life, but if sarcomatous degeneration has taken place it is a well-nigh forlorn hope. I will briefly report four cases of fibroids in my practice, three of them originating in the nose and one in the vault of the pharnyx.

CASE I.

P. M. S., aged 45 years, brought to me by Dr. W. B. Lawrence. History of obstruction of right nostril for eighteen years. Dr. Lawrence removed a polypus several years before, but it soon regrew and about eighteen months before he removed it again, this time being much larger, and cauterized the base with fuming nitric acid. It was not long until the nostril was again stopped up. On June 1st, 1888, I first saw him. I found the right nostril completely occluded by a firm, whitish, lobular mass situated in the middle and posterior portions of the nasal passage; there was a decided bulging outward of the right side of the nose, causing slight facial deformity, but not very conspicuous. I engaged as much of the mass as I could in a wire loop and slowly severed it with a Jarvis' snare, bringing away a mass about the size of a chestnut. This opened up the way to deeper inspection and a larger mass was seen further back. This was also looped and a mass the size of an English walnut was cut off, including a part of the middle turbinated body. On stopping the hemorrhage, which was slight, and clearing away the blood, still more growth was seen deeper in. A third snaring was effected, taking off a piece about the size of a chestnut. The nostril now seemed to be pretty thoroughly cleared of all growth, having a very large empty space through which respiration was free. On examining the pieces removed they were found to be very firm and solid,

fibrous in structure (they were not examined microscopically) and besides a portion of the middle turbinated bone in the larger mass strips of periosteum were found attached to the several pieces. I would call attention to this action of the Jarvis snare in sometimes bringing away with the tumors fibrous portions of the periosteum to which they are attached.

After removing the second and large mass there was a free discharge of pale and offensive pus, which evidently came from the antrum of Highmore. This discharge continued to some extent so long as the case was under observation, for which detergent and antiseptic washes were given. On the next day it was found on examination that there were some irregular masses of the tumor still left, and two small pieces were removed with the snare. Rhinoscopic examination discovered a considerable mass attached to the posterior end of the inferior turbinated body, which was also snared off. In all six good-sized pieces were removed. The nose now seemed quite free. An astringent and antiseptic wash was now directed to be used daily, and the patient was sent home. He was seen again August 2d, when two gelatinoid masses were found growing from the superior turbinated body, which were removed and a wash of iodide of zinc and permanganate of potash ordered. On November 7th I found the tumor regrowing along the line of the former attachment; with a sharp curette I scraped off thoroughly down to the bone and applied chromic acid. He had no further trouble after this, the nostril being free and the discharge about stopped. On March 28, 1888, he called again to see me, and I found two small growths, one far back on superior turbinated body and the other on the middle turbinated. These I snared off closely and cauterized their base with the galvano-cautery. I heard from the patient occasionally for nearly a year after, and at last reports there were no symptoms of a return of the growth. The points of attachments were numerous and extensive, involving a large part of the front and middle of the middle turbinated body, a large portion of the superior and the posterior end of the inferior turbinated bodies.

CASE 2.

Miss K., aged 20, consulted me April 11, 1888. For a year or more she has had a complete stoppage of the left nostril. Inspection shows a purplish growth filling the left nostril posteriorly as far forward as its middle portion, and posteriorly jutting into the pharynx. The attachment seemed to be to the posterior portion of the septum.

A soft flexible catheter was passed over the tumor into the pharnyx and drawn out through the mouth. To this one end of piano-steel wire was attached and drawn back with the catheter through the nose. The catheter was then passed under the growth and drawn out the mouth and followed by the other end of the steel wire in similar manner to the first. The canula of a Jarvis snare was then run over the two wires, their ends attached and the milled nut slowly run down, having first engaged the loop well up on the tumor with the finger introduced behind the palate. After severing, a mass came away with the instrument, kidney shaped, and measuring $1 \times \frac{3}{4} \times \frac{1}{2}$ inches. It was very dense and solid in structure and of a dark purplish color. The nostril was so concealed by bleeding that it was left alone until the next day, April 12. By rhinoscopic inspection I discovered a large loose mass lying on the floor of the inferior meatus posteriorly. It was removed and found to be a larger piece than the one that came away the day before with the instrument. Nostril was now clear of all growth except a gelatinoid-looking mass about the size of a bean, attached to the fore part of the middle turbinated body. This was snared off closely. The points of attachment were now thoroughly cauterized with fused chromic acid. Two weeks later found some soft mucous structures growing, and removed them in part only. Two weeks later I thoroughly removed every tag of growth down to the periosteum and thoroughly cauterized the surface with the galvano-cautery. The patient then went home and has several times since reported to me as entirely well.

CASE 3.

G. B., aged 20, consulted me April 2, 1888, for a growth of

some kind in the left nostril. I found the nostril so tightly wedged posteriorly by a growth that water could not be forced into the pharynx past it. It was also so hemorrhagic that from the gentlest manipulations it would bleed profusely. It had been bleeding spontaneously for some time past and the boy was well-nigh exsanguined when I first saw him. From the front the tumor could not be well defined, only a reddish mass filling the posterior portion of the nostril being discernible. Rhinoscopically the vault of the pharynx to the left of the median line was seen to be occupied by a glistening red globular mass, filling the posterior opening of the left nostril and extending across the septum, partly into the right nostril. It was attached to the basilar process of the occipital bone, the pterygoid process of the sphenoid and to the posterior ends of all the turbinated bodies and to the septum. At the time of his visit he stated it had been some three months since he had breathed through the left nostril.

I undertook its removal. My idea was to remove the growth by piecemeals by means of the cold-wire snare as the safest and surest of all methods, and having arrived at its base to thoroughly cauterize it time and again with the galvano-cautery. I finally succeeded in my plans, but after many and, at times, seemingly insuperable difficulties. A fine oil-silk catheter, stiffened with a wire was wormed through the nose underneath the tumor and the ends brought out the mouth. The two ends of a wire were attached and brought out through the nose and engaged in the canula of the snare. With the finger in the throat the loop was held up as high as possible as the wire was tightened. After much patience the wire cut through, shaving off a very small piece of the bottom of the growth in the nose. This gave space enough for future operations. A long transfixing needle was passed through the tumor and the point brought out in the pharynx close to the occipital bone. A wire loop was then straddled over the outer end of the needle and dragged into the pharynx by a thread attached to it and coming out the mouth, this having been previously passed through. With the finger in the throat the loop was

engaged over the end of the needle and the wire tightened. Slowly the milled nut was turned until at the end of two and a half hours the wire had cut out. The gush of blood was ferocious. It soon checked, however, and I found it had removed a considerable mass. In the same manner a second and a third mass were removed, each cutting requiring from two and a half to three hours to prevent dangerous hemorrhage. Repeated transfixions and snaring were done until the nostril was entirely free and the tumor brought down nearly to base. As soon as the nose had been partly cleared spontaneous hemorrhages ceased and the patient improved wonderfully in general health.

Going away for the summer I did not see him from July 1st to October 1st. Examination at this time revealed some increase of the growth in the vault of the pharynx. At this time the left eye was observed to be prominent. It was feared the tumor was encroaching upon the orbit. It was again attacked from the pharynx as before, until about all removed, then electrolysis was tried for a while, the needle being introduced well into the left side of the mass. This seemed to have no effect. During the winter of 1888-89 and spring of 1889 portions of the growth were removed at times, but it seemed to take a fresh and vigorous start at growing after some two months' absence of patient, and I cut off a piece and sent to a microscopist in St. Louis for examination. He pronounced it a myxo-sarcoma. The left eye was now quite prominent and the left cheek very full, and on tapping over it the jar was felt in the nose by the patient. It was feared that not only the orbit but also the zygomatic fossa had been invaded by the growth and there was no telling where it would end.

So, with his father's consent, I took him to Philadelphia and consulted Dr. J. Solis Cohen; thence to New York where I conferred with Dr. R. P. Lincoln. Dr. Lincoln advised the destruction of the growth by the galvano-cautery, and made one thorough burning under ether. I returned home with the patient with instructions to apply the galvano-cautery thoroughly and frequently. This I did, and with so slow pro-

gress, that I for a time abandoned it and returned to the cold wire snare. As soon as I had removed the growth well down towards its base I again began the cauterization and had the satisfaction of seeing the tumor slowly melt away under the burnings. By September, 1889, it seemed to be about all burned out of the nose and pharynx. The eye was much less prominent, and the fulness in the cheek had nearly disappeared. It is likely the exophthalmus and temporal fulness were due to infiltration of the tissues instead of extension of the tumor into the parts, as evidenced by their subsidence on removal of the intra-nasal and phyrangeal growth. The patient about this time passed from my hands and I never saw him again until November 15th, when I examined him and found the vault of the pharynx empty and covered with glistening cicatricial tissue. There was also none of the growth in the nose. On the outer wall near roof of pharynx, and near posterior border of the septum there was a small reddish mass. This case, I think, may be put down as a success, unless neg ligence allows of a re-growth of the tumor from the two nodules I mentioned and proposed to cauterize, but did not get to carry it out.

CASE 4.

This case is now under observation and treatmeut only begun. How it may terminate it is impossible to say. Miss C. F., aged 18, was referred to me by Dr. Edwin Bentley. The history is: Two years ago she noticed a growth in the left nostril near the front. It became so large as to stop up the nostril entirely. In July, 1889, a physician cut off a portion of it. There was no respiration through the nose after the operation, and the tumor continued to grow. At the time of the patient's first visit to my office, January 29, 1890, I found the following condition: Patient very pale and having frequent hemmorhages from nose; left side of face filled out even from bridge of nose to cheek, presenting the so-called frog-face; left eye displaced very much upwards and slightly forward. There was well-marked bulging in the lachrymal sack and in the internal angle of the lids where an elastic resilient mass

could be felt. Feeling deeper into the orbit with the finger the sharp edges of displaced fragments of the os-plannum of the eithmoid were plainly recognized. The left nostril was greatly distended and a large rounded reddish mass projected through on the upper lip. With the rhinoscopic mirror a globular mass was seen protruding into the pharynx from the left posterior naris. The portion in the nose felt quite firm, but not so hard as fibroids usually do, and readily bled from the touch of a probe. In the presence of the medical class I passed a platinum wire loop over the anterior end of the mass in the nose and turning on the current from a good cautery battery, cut off a piece the size of a chestnut. Although it is generally considered that very little hemorrhage follows the galvano-cautery loop, in this instance it was extremely profuse, and could only be controlled by compression continued for several hours. Two other pieces were removed at other times in the same manner, but the difficulty lay in engaging sufficient of the mass in the loop. At the suggestion of Dr. Prather I resorted to electrolysis, and three times a week 40 to 50 milliamperes were passed for ten minutes through a single needle passed deeply into the growth. This was continued several weeks with perceptible shrinkage of the growth. The patient growing homesick her father took her home April 25, promising to bring her back for further treatment in a short while.

This is a most interesting case to follow up, and on her return a piece of the growth will be submitted to a microscopical examination.

While in places quite firm, in others it is soft, and has much the appearance now of having degenerated into a sarcomatous structure.

Up to this date, I am sorry to say, the patient has not returned and I am deprived of the pleasure of showing you both a rare and interesting condition.

Notes on Parotitis as a Complication in Typhoid Fever.

BY A. J. VANCE, M. D., HARRISON, ARK.

[Read at the Fifteenth Annual Session, Little Rock, May 14–16, 1890.]

Sympathetic parotitis is of such rare occurrence that observations from practice will probably be interesting. My observations have been confined to one case, which I desire to report briefly, as it was to me of peculiar interest.

Miss Nannie T——— took sick with typhoid fever July 22, 1887, which ran an ordinary course until August 17th, when a hemorrhage from the bowels occurred, and continued until the 22d. She had no diarrhœa during the time, the bowels only moving twice or three times in the twenty-four hours, but each evacuation contained a large quantity of blood. August 19th, swelling commenced in the region of the right parotid gland, accompanied by severe pain. The next day, August 20th, swelling and pain in left parotid gland, at the same time extreme prostration supervened, with a weak heart, feeble pulse, from 120 to 140 to the minute, the breathing became stertorous, the patient in a semi-comatose condition and death seemed imminent. The prostration continued for several hours, when she began to rally slowly. The hemorrhage continued during all this time in the manner just mentioned, and was no worse at this particular time. August 26th, a free incision was made just behind each ear and a large quantity of pus was discharged from each opening until September 26th, at which time her father removed something from the opening made in the left side, which he described as being hard, firm, smooth and round, and which he compared to the testicle of a pig. It is barely possible that he removed a portion of the parotid gland, but this is mere speculation, as I did not see the patient after that time.

Two other cases are reported to me by physicians in my county. One, parotitis with suppuration in one side, in which great prostration was observed; the other case, the physician

saw after the abscess had been opened and had been discharging pus for several days. He opened Steno's duct; pus began to discharge through it, and the external opening began to heal immediately. This abnormal condition is supposed to be produced by the duct becoming occluded, the retention of the saliva, which becomes decomposed and excites an inflammation in the gland.

Hutchinson reports two cases in his own practice, one of which was fatal. Murchison saw it in six cases, five of which were fatal. According to Hoffman, sixteen cases of suppurative parotitis were found at Basle among about 1600 typhoid fever patients, seven of the sixteen ending fatally. Parotitis without suppuration occurred in three cases. In four cases the inflammation was in both glands, but it is not stated what per cent. of this class recovered.

Trousseau looks upon these swellings as "a very grave accident," and says that he has scarcely ever seen a case recover in which it has occurred.

This case is reported to invite a discussion on the subject of secondary parotitis. The most peculiar feature of the case is the rapid prostration at the beginning of the swelling.

The State Society.

[Members will confer a favor upon the Secretary by reading carefully the list of members and informing him of any inaccuracies that may be noticed either in their own names or that of others that are known to them.]

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Hempstead	Gillespie, L. J	Hope	Missouri Medical College.
Hempstead	Hart, W. P	Washington	Jefferson Medical College.
Hempstead	King, S	Hope	University Louisville
Hempstead	McCaskill, A	Wallaceburg	Mobile Medical College.
Hempstead	McLarty, T. A	Hope	Atlanta Medical College.
Hempstead	Wilson, R. M	Columbus	Missouri Medical College.
Howard	Brown, John	Nashville	St. Louis College of Phys. and Surg.
Howard	Corn, J. S	Center Point	Vanderbilt University.

MEMBERS OF THE STATE MEDICAL SOCIETY OF ARKANSAS—Continued.

COUNTY.	NAME.	POST OFFICE.	ALMA MATER.
Independence..	Case, J. W.....	Batesville	Jefferson Medical College.
Independence..	Dorr, R. C.....	Charlotte	Missouri Medical College.
Independence..	Ewing, D. C.....	Batesville ...	University Louisville.
Independence	Gray, C C.	Hickory Valley..	Vanderbilt University.
Independence..	Hardister, H. N..	Victor	Vanderbilt University.
Independence	Hathcock, A. N .	Hickory Valley ..	Missouri Medical Collrge.
Independence.	Hodges, R. H	Moorfield	University Louisville.
Independence	Hodges, T. B	Sulphur Rock ...	University Louisville.
Independence	Jeffrey, Finis. ..	Desha	University Louisville.
Independence..	Kennerly, J. H ...	Newark	University Louisville
Independence..	Lawrence, W. B	Batesville.....	Jefferson Medical College.
Independence	Lawrence, W. M ..	Batesville.....	Missouri Medical College.
Independence..	Logan, H. G ...	Dota.....	Atlanta Medical Coilege.
Independence..	Vaughan, S L.....	Sulphur Rock....	University Louisville.
Independence..	Weaver, M. C	Jamestown	Louisville Medical College.
Izard	Baxter, E. A.	Melbourne	University Louisville.
Izard	Watkins, John M..	La Crosse	Uuiversity Nashville.
Izard	Woods, T. J..... .	La Crosse	Kentucky School of Medicine.
Jefferson. . ..	Banks A. R.	Pine Bluff	University of Maryland.
Jefferson	Cox, W. S.....	Pine Bluff.....	Missouri Medical College.
Jefferson. ..	Goree, J. L.... ..	Pine Bluff	Louisville Medical College.
Jefferson.....	Holmes, L...	Pine Bluff.....	University Pennsylvania.
Jefferson.....	Jordan, A. C.....	Pine Bluff.....	Vanderbilt University.
Jefferson.....	Loving, A. B	Pine Bluff ...	University Louisville.
Jefferson.....	McGaughey, E	Corner Stone.....	University Louisville
Jefferson.....	Mills, D. S.....	Pine Bluff	Memphis Medical College 1851.
Jefferson.....	Orto, Z	Pine Bluff.....	Miami Medical College.
Jefferson.....	Scales, J. W	Pine Bluff	Vanderbilt University.
Jefferson.	Seymore, J. W.....	Pine Bluff.... ..	Missouri Medical College.
Jefferson.....	Simmons, J. F	Pine Bluff	Jefferson Medical College
Jefferson.....	Stanley, J. P.....	Pine Bluff	University of Pennsylvania.
Jefferson.....	Taylor, S. M.....	Pine Bluff.....	Jefferson Medical College.
Jefferson.....	Tobin, C. P	Pine Bluff.....	Jefferson Medical College.
Jefferson.....	Thompson, R. C...	Pine Bluff.....	Bellevue Hospital Medical College.
Jefferson.....	Troupe, A. W	Pine Bluff	Rush Medical College.
Jefferson.....	Walt, D. C.....	Wabbaseka	Memphis Hospital Medical College.
Jefferson. ...	Withers, J. W	Altheimer . . .	Med. Dep. University New York.
Johnson	McKennon, A. M..	Clarksville	University Louisiana.
Johnson	Mitchell, J P	Clarksville	Jefferson Medical College.
Johnson	Robinson, C. E....	Clarksville	Jefferson Medical College.
Johnson	West, R. B..... ..	Hartman.....	Vanderbilt University.
Johnson	Zachary, B. S	London	Medical Department A. I. U
Lafayette	Bright, D. W	Lewisville	Kentucky School of Medicine.
Lawrence	Coffman, J. H ...	Black Rock	University Louisville.
Lawrence.....	Hatcher, W. J	Imboden	University Nashville.
Lawrence.....	Henderson, A. G. .	Imboden	Missouri Medical College.
Lawrence.....	Rector, N	Smithville...	Nashville College Med. and Surgery.
Lee	Bradford, W. S ..	Haynes	Vanderbilt University.
Lee	Drake, D. S	Marianna	Bellevue Hospital Medical College.
Lee	Hayes, J. W	Marianna	Washington Universi.y.
Lee	Williams, J. A	Haynes	Vanderbilt University.
Lincoln	Bittenger, Wm. .	Grady	Iowa State University.
Lincoln	Pendleton, P. H ...	Douglass	Louisville Medical College
Lincoln	Taylor, C M	South Bend .	Transylvania University.
Little River. ..	Sager, L. A	Rocky Comfort .	Bellevue Hospital Medical College.
Logan	Merritt, T D	Magazine	University Louisiana.
Logan	Shibley, J. S. ..	Paris . ..	University Nashville.
Logan	Sipe, J. N.....	Booneville	Vanderbilt University.
Logan	Smith, J. J.....	Chismville.....	Memphis Medical College.
Lonoke	Fletcher, J. P.....	Lonoke	Charity Hospital Medical College, 1876.
Lonoke	Folsom, I.....	Lonoke	St. Louis Medical College.
Lonoke	Ross, R. N .	Lonoke	University Nashville.
Miller.....	Spearman, W. C...	Texarkana	University Louisville.
Mississippi	Dunavant, H. C .	Osceola	University Nashville
Mississippi.....	McGavock, F. G .	McGavock	University of Nashville
Mississippi . .	Prewitt, R. C	Osceola	Kentucky School of Medicine.
Monroe	Bailey, W. T.	Clarendon	Louisville Medical College.
Ouachita.....	Dawson, E. L ...	Buena Vista.....	University Louisiana.
Ouachita	Henry, J. T	Millville	University of Nashville.
Ouachita	Hudson, G. W ..	Camden	University Maryland.
Phillips	Burke, F Noel	Helena	Ohio Medical College.
Phillips	Goodwin, B. C....	Marvel.....	Medical College of Virginia.
Phillips	Horner, A. A.....	Helena	University Pennsylvania.

MEMBERS OF THE STATE MEDICAL SOCIETY OF ARKANSAS—Concluded.

COUNTY.	NAME.	POSTOFFICE.	ALMA MATER.
Phillips	Hughes, A. J.	Barton	Louisville, Ky.
Phillips	Linthicum, D. A.	Helena	St. Louis University.
Phillips	Linthicum, T. C.	Helena	Kentucky School of Medicine.
Phillips	Vineyard, J. H.	Vineyard	Jefferson Medical College
Pike	Hancock, N. C	New Hope	University Nashville.
Polk	Baker, W. R.	Dallas	Cincinnati Medical College.
Pope	Drummond, R. M	Russellville	Vanderbilt University.
Pope	Hill, W. H.	Russellville	University Louisville
Pope	Howell, Andrew R	Russellville	Jefferson Medical College.
Pope	Kirkscey, C. L.	Dover	Atlanta Medical College.
Pope	Ruff, D. P	Dover	Nashville Medical College.
Prairie	Hipolite, W. W.	Devalls Bluff	University Michigan.
Prairie	Owen, W. P	Devalls Bluff	College Physicians and Surgeons.
Prairie	Williams, W. F	Hazen	Memphis Hospital College.
Pulaski	Barner, W. B	Little Rock	College Physicians and Surgeons, N. Y.
Pulaski	Bentley, E. (U.S.A.)	Little Rock	New York College Phys and Surgeons.
Pulaski	Bond, J. B	Little Rock	St. Louis Medical College.
Pulaski	Breysacher, A. L	Little Rock	Missouri Medical College.
Pulaski	Christian, R. B.	Little Rock	University Virginia.
Pulaski	Coors, G. A	Little Rock	Medical Department, A. I. U.
Pulaski	Dibrell, E. R.	Little Rock	University Pennsylvania.
Pulaski	Dibrell, J. A., Jr.	Little Rock	University Pennsylvania.
Pulaski	Dickinson, P.	Little Rock	Missouri Medical College.
Pulaski	Gibson, L. P.	Little Rock	Jefferson Medical College.
Pulaski	Gray, C. S	Little Rock	St. Louis Medical College.
Pulaski	Gray, D. A	Little Rock	University Pennsylvania
Pulaski	Hooper, P. O	Little Rock	Jefferson Medical College.
Pulaski	Hudspeth, G. W.	Little Rock	Memphis Hospital College.
Pulaski	Jennings, R. G.	Little Rock	Maine Medical College.
Pulaski	Joyner, W. T	Little Rock	Medical Department A. I. U.
Pulaski	Lenow, J. H.	Little Rock	Jefferson Medical College.
Pulaski	Lindsey, R. W.	Little Rock	University Nashville.
Pulaski	McAlmont, J. J	Little Rock	Cleveland, Ohio.
Pulaski	Meek, E	Argenta	Kansas City College Phys. and Surg.
Pulaski	Murrell, T. E	Little Rock	University Maryland.
Pulaski	Nash, C. E	Little Rock	New York College Phys. and Surg.
Pulaski	Pipkin, J. W	Little Rock	Medical Department A. I. U.
Pulaski	Prather, D. J	Little Rock	Louisville Medical College.
Pulaski	Robertson, J. J.	Little Rock	Atlanta Medical College.
Pulaski	Scott, A. H	Little Rock	Jefferson Medical College.
Pulaski	Southall, J. H	Little Rock	University, Louisiana.
Pulaski	Stark, L. R.	Little Rock	New Orleans School of Medicine.
Pulaski	Thompson, Wm	Little Rock	University Louisville.
Pulaski	Watkins, C.	Little Rock	Jefferson Medical College.
Pulaski	Weny, N.	Little Rock	St. Louis College Phys. and Surg
Scott	Sanford, A. A.	Waldron	Vanderbilt University.
Sebastian	Bailey, W. W	Fort Smith	University Michigan.
Sebastian	Blakemore, J. L	Greenwood	Vanderbilt University.
Sebastian	Brewster, A. L.	Huntington	Vanderbilt University.
Sebastian	Eberle, J. G.	Fort Smith	Kentucky School of Medicine.
Sebastian	Hatchett, B.	Fort Smith	Vanderbilt University.
Sebastian	Gardner, D. M.	Fort Smith	Missouri Medical College.
Sebastian	Hynes, George F.	Fort Smith	Cleveland Medical College.
Sebastian	Johnson, D. T.	Fort Smith	Bellevue Hospital Medical College.
Sebastian	Johnson, F. W.	Fort Smith	Missouri Medical College.
Sebastian	Kelleam, J. M.	Fort Smith	University Louisiana.
Sebastian	Main, J. H. T	Fort Smith	Starling Medical College.
Sebastian	McConnell, J. W.	Huntington	Medical Department A. I. U.
Sebastian	McGinty, John	Hackett	Kentucky School of Medicine.
Sebastian	McReynolds, C.	Fort Smith	Kentucky School of Medicine.
Sebastian	Saunders, L. L.	Fort Smith	Medical Department University Georgia.
Sebastian	Southard, J. D	Fort Smith	University Louisville
St. Francis	Cummings, J. B	Forrest City	Jefferson Medical College.
Union	Goodwin, W. H.	El Dorado.	University Louisiana.
Union	McHenry, M. A	Hillsboro	University Louisiana.
Van Buren	Guthrie, Adam, Jr.	Quitman	Medical Department A. I. U.
Washington	Blackburn, T. W.	Boonsboro	Medical Department A. I. U.
Washington	Christian, D	Elm Spring	St. Louis Medical College.
Washington	Dunlap, Albert.	Winslow	Transylvania University.
Washington	McCormick, E. G.	Prairie Grove	Missouri Medical College.
Washington	Webster, J. W.	Cincinnati	Missouri Medical College.
Washington	Welch, W. B.	Fayetteville	University Nashville.
White	Jelks, J. M	Searcy	University Nashville.

THE Treasurer reports the largest collections this year that have been made since the organization of the Society, nearly 90 per cent. of the members having paid their dues; yet there are a few who are delinquent but as soon as the crops begin to move and collections become easier it is expected that every member of the Society will send his dues to the Treasurer. In this connection it may be well to remind delinquents that the office of Treasurer is purely a business one and that in the performance of his duty that officer has been controlled entirely by the financial interests of the Society without regard to his personal likes or dislikes (he probably has none of the latter in the State Society.) He has endeavored to collect the money due the Society by the same methods that are generally employed by businees men. If he has had to resort to the method of making drafts through the banks it is simply because his former notices had been neglected, and besides this is the quickest, easiest and most generally applied method of making collections. A few of the members seemed a little resentful because they were drawn on through the bank, but certainly they ought to have known that no reflection could have been intended. Dr. Breysacher has been Treasurer of the Society ever since it was first organized in 1875. He has always performed his duties faithfully and cheerfully and in the early days of the Society frequently advanced considerable sums to meet its demands. He has not only received no reward but has frequently been treated as if the demand for payment of dues was an insult to the debtor and their payment a personal favor to the Treasurer. Membership in the Society is entirely voluntary and it would seem that a physician having the good of the profession at heart would gladly contribute his mite for that purpose and it is a source of pleasure to know that it is almost invariably done in the proper spirit. The address of the Treasurer is 121 West Second Street, Little Rock, Ark., and all members should remit their dues to him.

The Secretary and Treasurer of the Society occasionally receives letters from members requesting one or the other of these officers to drop their names from the roll of members. Neither of these officers has any more authority to drop a name than he has to admit an applicant to membership. In withdrawing from membership the proper course is to send to the Treasurer all dues up to the time of presenting the resignation, and at the same time send to the Secretary a formal resignation, which will be laid before the Society at the first meeting thereafter.

County Societies.

The Little Rock Medical Society resumed its bi-weekly meetings on September 1st, and notwithstanding it was election day the attendance was above the average. Dr. Barner read an excellant paper on "Acute Intestinal Obstruction," which was discussed in an interesting manner and will be published in the Journal shortly.

The roll of the counties will be called in this department, and as the name of each county appears, it is requested that some of the resident physicians therein will write to the Journal of the condition of medical matters in their county. Let these letters tell of the efforts that have been made to organize Societies, and in cases of success or failure, let the causes be stated and discussed. An accurate diagnosis is a prerequisite to a proper treatment; so let the list be called alphabetically, commencing with—

Arkansas County? A Society was about to be organized in this county more than a year ago but nothing has been heard from it later. Surely a county so favorably situated in every respect, with its flourishing towns and conveniences of

travel, ought to be able to organize and maintain a good working Society. Will some physician in Arkansas County tell the readers of the JOURNAL how it is with them in that county?

ASHLEY COUNTY? When the State Society was organized this county had as fine a corps of regular physicians as any in the State. What has become of them? The county has progressed in every other respect. Is it possible that members of the medical profession have not kept abreast of the times? Certainly not, but what is the matter with the medical profession down there? The JOURNAL will be glad to hear from them.

Correspondence.

A Complete Cast of the Uterine Cavity.

To the Editor: Mrs. S., age 34, married to, apparently, a healthy man with whom she has lived since 1878, has no children and has never been pregnant, but once, which was soon after marriage, when she miscarried at about the seventh month.

During the last two years menstruation has been very irregular, and has not appeared at all during the last three months. On the 6th inst., while bathing, she removed from vulva, a complete membraneous sack which she preserved in alcohol and presented to me for inspection the next day. Upon examination I found it to be a complete cast, in the shape and size, of the normal uterine cavity. It contained no orifices corresponding to the fallapion tubes, which were, no doubt, occluded by the same diseased condition of these appendages which causes sterility. The discharge of this membrane was attended by no hemorrhage.

Fort Smith, Ark. J. D. SOUTHARD, M. D.

Pharmacy.

[Devoted chiefly to the interests of the Arkansas Association of Pharmacists, under the direction of Mr. W. W. Kerr, President of the Association, Batesville, Ark., to whom communications relating to this department should be addressed.]

The Metric System.

What a troop of ghosts and hobgoblins does that name scare up in the dreams of the average Arkansas doctor and druggist! The dullest have seen the specter coming and have dreaded it as they would the cholera, and yet on it stalked, and, like Banquo's, "would not down." The druggist trembles like one whose time has come to be hung, and the doctor, like the spectator whose time comes next. For their encouragement, however, we hasten to say that the world has met and survived greater strokes before. It even outlined a similar catastrophe in the shape of—

10 mills make one cent,
10 cents make one dime,
10 dimes make one dollar;

although no doubt the commercial world was convulsed throughout at the appalling prospect of the change from pounds, shillings and pence.

Ever since the revision convention adopted the metric system as the prevailing one of the next Phramacopœa, the subject has acquired new interest to the pharmacists of this country, since it has brought the matter directly home to their consideration. Previous to that time the description sounded more like the newspaper accounts of the ravages of La-Grippe on the continent of Europe. Now it more nearly re sembles an attack of that disease itself; indeed, to hear some of them talk, one would suppose it had given them a genuine case.

Many of our druggists, who never owned a U. S. P., are no doubt congratulating themselves that, as they have never

paid any attention to the standard before, they will not do so in the future, and so it has no terrors for them. They have always been at the tail end of the procession, and are content to remain there. Not so with our progressive pharmacists. They, of course, will be ambitious to keep in the front, and so will tackle the problem, notwithstanding they may feel it to be a difficult task. To such we would say that the only difficulty they will find will be in the anticipation. All the remedies which have been recommended looking to a comparison of the weights and measures of the metric system with those now in use, only tend to confuse; tables of comparison, for instance. Pay no attention to them. The only thing you have to do is to supply yourselves with the weights and measures of the new system, and proceed to weigh and measure as you have done heretofore. It will not be necessary, of course, so long as our containers are made as they are now, to hold pints, quarts, etc., that we fix in our minds the number of c. c. which correspond to those quantities, so as to adjust the quantity of the preparations which it is desired to make, to the receptacle which is to hold them.

It is only in compounding that the system will be used, not in dispensing, and so the physician may lay the "flattering unction to his soul" that his time has not come *yet*. There will be no such change in the strength of the various preparations as will make it necessary for him to change his method of prescribing from the time-honored teaspoon to the cubic centimetre, or the little heap of powders to the gramme.

We trust that the pharmacists of our State will take hold of the innovation promptly and show themselves competent—as they are—to keep squarely abreast of the progress of the age, let it lead where it may.

We want to furnish our readers with news that will interest and profit them. Like a great many other people we are not overstocked with the article within ourselves, and must absorb it from without. We must have it in order to give it, and so

we will have to depend upon our friends throughout the State to furnish us items of interest pertaining to druggists and the drug trade.

We want information as to business changes, business outlook, price cutting, reports of the proceedings of local pharmaceutical societies, etc.

Correspondence to these columns from pharmacists all over the State, and outside of it, is invited and urged. We happen to know that we have a great many who are competent to write on pharmaceutical subjects as any to be found anywhere, and a great many more who are fully able to do so who think they cannot. The success or failure of this department will depend upon their action.

The interests of the Arkansas Association of Pharmacists will be carefully looked after in this department, and its members will be expected to render all possible assistance in this direction.

We have never been amongst the number of those who believe that there ever was that conflict between the physician and pharmacist which the volumes of literature upon that subject would lead one to think, and would have provoked, if it had been possible. That there have been individual cases, there can be no doubt, but our observation and information teaches us that they will always be found to be in inverse ratio to the intelligence and competence of the members of the two professions. It has always been a matter of surprise to us that there has not been more of it than has. Where two professions are so closely united that the dividing line is often indistinguishable, it must be difficult for each party to keep on its own side.

It affords us pleasure to be able to state that the evil is almost unknown in Arkansas, as is shown by the reports of

the Committee on Trade interests of the Arkansas Association of Pharmacists from year to year. We believe it to be fast disappearing everywhere, and point to the fact with pride as an evidence of the increasing intelligence of the two professions, made available by more perfect organization. The action of the American Medical Society, at its recent meeting, in establishing a section on Materia Medica and Pharmacy, to which representatives from the State Pharmaceutical Association are admitted, is a very distinguished evidence of the harmony which already prevails, and a certain indication of greater harmony in the future.

It remained for the Arkansas State Medical Society to perform the crowning act in this direction, by establishing this journal with a pharmaceutical department, under the immediate control of pharmacists; perhaps the only instance of the kind on record. We predict great good to both physician and pharmacist as a result. Doctors, as a rule, do not read pharmaceutical journals, nor pharmacists, medical journals, and so the many questions which equally concern both are not so presented as to reach the class for whom they are intended. Here an opportunity is given for each side to reach the ear of the other, and by becoming better acquainted, become better friends.

It will depend mainly, however, upon the pharmacists of the State to make this effort a success. The physicians will take and read their own organ, no fear about that, but will the druggists? We will see.

A Stunner.—We saw a statement in a daily paper recently, to the effect that a process had been discovered by which aluminium could be made at a cost of 15 cents per pound. Considering the many uses to which this metal could be applied, this would indeed be a wonderful discovery. We think we see a trouble in the way, however. Dirt is as plentiful and cheap in Arkansas as anywhere in the world, and we doubt if anyone

could get enough of it shoveled up for 15 cents to make a pound of aluminium.

Japan has one decided advantage over Arkansas—it has a pharmacy law.

Ferrocyanide of iron was dropped at the last revision of the Pharmacopœia, on account of being very rarely used. We would like to hear from our readers, both medical and pharmacuetical, if that is true in Arkansas. Our own experience is, that it has been quite extensively used, and with good results.

The druggists of Arkansas are getting their war paint ready, and when the proper time comes, will march forth to fight for a pharmacy law in good shape. They don't propose to get left this time.

A. L. Morgan, of Camden, one of our most enterprising and competent pharmacists, has been his own clerk as well as proprietor for some time. For this reason he has never been able to attend a meeting of the State Association, but says *business* shall not keep him away from the meeting at Hot Springs next year.

Scrap-Book.

An efficient means of detecting the morphine habit is by adding a few drops of the tincture of perchloride of iron to the patient's urine. A characteristic blue tinge results if he is a morphine user.—[Pharm. Era.

For Habitual Constipation.—The Medical Digest gives the following:

℞ Aloin.

Ext nucis vomi.
Ferri sulph.
Pulv. ipecac.
Pulv. myrrhæ.
Saponis. aa: Gr. ½.—M. ft. pil.

Sig.: One pill to be taken half an hour before the last meal of the day.—[Sir A. Clark, in Pharm. Era.

FRANK EDEL, in Registered Pharmacist says: "By taking an ordinary plasterer's trowel, and having it cut down to the proper size, an elegant pill roller can be made that is useful and handy."

NELENIN, the active principle of elecampane root, is claimed by Maupmann to prevent development of tuberculosis.—[Western Druggist.

OIL OF CINNAMON is claimed to be fatal to the typhoid microbe.—[Western Druggist.

PICROTOXINE, the active principle of cocculus indicus, is considered by Bokai as the best physiological antidote for morphine.—[*Ib.*

A CORRESPONDENT of the *National Druggist* wants to know how the following prescription should be treated:

℞ Potass. iod..... ℥ j.
Potass. brom..... ℥ j.
Ext cannab. ind., fld..... ℥ ss.
Syrupi q. s. ad..... ℥ vj.

M. Sig.—Two teaspoonsful as directed. It should be carefully prepared, *secundum artem*, with the following *shake* label attached. "The bottle to be well *shaken* upon arrival at home, and then the contents carefully *shaken* out at the back door, and the bottle thrown away. And the next time you send for that physician, send for him for one somebody else."

Miscellany.

"How Should a Doctor Manage His Collections to Secure the Best Results?"

"Per Vias Rectus."

It goes without saying that the doctor, in the first place, be worthy of the charge he makes for his services. To deserve payment for work performed, that work must of necessity be honestly, honorably and faithfully done. To the credit of the profession it can truthfully be claimed that on the doctor's part the service is worth its cost—this in the vast majority of instances: "The laborer is worthy of his reward." Earning that, how can he best secure it? Let us see.

I take the ground in starting by asserting, without fear of successful contradiction, that ninety-nine times in a hundred the blame rests with the physician himself; he has so educated his patients, by neglect in more than one direction, that they hold his services at his own valuation—*cheap*. There is no earthly reason why the advice of a doctor should not hold a permanent value; tea of a given grade is worth 75c. to you, to me and to the man around the corner alike. Tea of a higher grade is worth $1.50 to Tom, Dick and Harry, and they must pay that for it, or do without. Why should a doctor tell a man who is able to pay that, "O, we won't call this advice; it is merely thrown out in a friendly way." Why, if advice is given on the street in reply to request for it, should any physician lessen its value by naming a smaller fee than that demanded in his office or asked as remuneration for a visit to the residence or place of business of his patient? This is constantly being done, and its tendency is always the same, that is, to cause the public to suspect that the fees of the profession are more ornamental than real. Indifference on the part of ourselves to require return for any and all professional work begets distrust, when a bill is thereafter sent in for work done

to that person or any of the family. This is a common fault, and a bad one.

Again, all service should have a definite value according to its character; prescribing for disease is one thing—operating for diseases is another. Let the people understand this, and they will cease putting low values on surgery when minor in character, although they will be willing to pay for anything that appeals to their imagination, just because it is bloody, or apparently formidable. Your families should be aware that severe or instrumental labors (in obstetrics) are worthy of an enhanced fee, not only for the time employed, but for the added skill demanded, and for the evident saving of suffering, and, it may be, of life itself.

Moreover, all work, whether done by an expert or the so-called general practitioner, is worthy of the usual fee for such services; the result is the same to the patient, and he is the one to feel its benefit; he should be taught that mere fame is not always the standard of a man's worth.

So much for this phase of the question; now for another. In these days of manifold hospitals and dispensaries, the country is flooded with cheap advice; the question is not looked at in its proper light. If any one feels that his circumstances are such that he is an object of charity, let him (or her) by all means go to the nearest establishment devoted to affording succor to those in that unfortunate condition. Under no circumstances should the working practitioner give his time or talent to people of this class without an adequate fee, and this fee should be enforced each and every time. Instances arise in every community in which for sudden or unforeseen calamities persons become temporarily unable to meet their indebtedness promptly; here allowance may—nay, should be made. Any honest citizen will understand and appreciate the motive for not pressing payment; but he will see to it that the account is liquidated sooner or later. The doctor is not, under any possible circumstances, the pure philanthropist that commencement speeches paint him, and least of all is the professor

who tickles the laity with these plausible and honied words. The working doctor is worthy of his hire.

Once more: make your patients understand that your accounts are due when presented; it is enough to wait for the time between the end of attendance and the period at which the accounts are sent out. Too many men present all bills at intervals of six months, to all alike; this is radically wrong in principle. One man may pay readily $10—he would be embarrassed by having to hand over $40; see that his account goes in at short intervals—say monthly, or at farthest every two months. Another can look with indifference on his when it is many hundreds; he can safely be held off till January and July come along, and such accounts are the heavy artillery that make the siege a success; they replenish the failing bank account with solid comfort. Don't crowd such men—they are good and their spirit might be ruffled by classing them with the workingman in their employ. Both understand the difference and the necessity for the difference. Don't let accounts run into impossible payments.

Teach your clients that having furnished your bill it cannot be put aside till a more convenient occasion. Give ample time to remit, then call attention to the lack of courtesy evinced by procrastination on the part of the debtor. When it becomes evident that your patient is indifferent to his duty in this respect, drop him instanter from your list, and in a quiet way let your confreres know why this was done, that, mayhap, they shall do better; he must have some doctor, be his health what it may; sickness is the lot of all since the fall in Eden.

A patient once off your books, never take him on again. This at the outset will appear bad practice; in the long run you will see its value; your reputation will be enhanced, you will be respected as having a proper idea of your worth to the community, and it will, in addition, lend favor to you in the eyes of your competitors or rivals, if unfortunately your brothers in the art and science are such.

For thirty years this has been my plan; I have found it the only way to secure that which I have earned, and my neigh-

bors, who for a while saw my terrible lack of business capacity, now own my method as the better one. The very ones whom I had in the past looked upon as those likely to defame and decry me are my best friends. When it is understood that your services are worth what you charge, and that additionally you collect this in a business-like manner, then people have something to guide them as to your worth to them and to the profession, which in this case you adorn and do not undervalue.

I do not mean to make a Shylock of the doctor; not all the money in the world should make him a shark; I mean simply that he should place a proper value on his work, and having done this, see that he is repaid for his labor, and without entering into any conspiracy or league with his professional brethren, the community can by such means be taught that physicians' bills are like any other, due for services rendered, and like those of the gas companies in our cities—paid; no pay, no gas; no pay, no doctor. Charity is a never-failing attribute of our guild; it won't suffer by my suggestions; I do plenty of it, but I do so in the hospital ward; my private work is worth so much, and so much is collected.

Be liberal to the poor who prefer you to the dispensary physician; give such all the attention that goes to the millionaire; make no distinction of person, color or religion; support your friends when decried; charge a fair fee for *all* work done and either collect it or drop the connection.—[Dixie Doctor.

The Country Doctor.

The steady devotion to professional duty characteristic of the country practitioner is so generally recognized that it does not need journalistic mention. As a rule, he does all that lies in his power to advance the honor and promote the progress of the medical profession. It is, therefore, with some surprise that we note in the columns of our excellent contemporary,

the Boston Medical and Surgical Journal, of very recent date, the fact that a "country doctor"* has found it necessary to write a few lines in defence of that numerous class of useful medical men; the particular cause of complaint being that the journal quoted had, in an editorial, thrown "a damper on the country doctor for not doing more to advance medicine." Certainly the latter's picture is correctly drawn, and we therefore reproduce it:

The country doctor is one who advances symmetrically; he becomes rounded out in his profession from the very necessity of his surrounding circumstances. He educates the public in a quiet way by daily contact and example. He is ingenious to adapt himself to circumstances and circumstances to his patients; and he is not confined principally, as the writer would have us believe, to prescribing for those that are simply "run down," debilitated, suffering from "functional ailments," from cold, overwork, dietary indiscretions, if my own twenty-five years' experience proves anything. How about acute and chronic lung diseases, typhoid fever, diphtheria, the exanthematous contagious diseases, the epidemics and skin diseases, with some of which we are constantly occupied? But I see with pleasure the saving clause, which accords to him the quality of good judgment and common sense.

True, he has not the opportunity to pursue and bring to light original investigations, but he does have the clearness of sight to adopt what is good, and to be conservative in regard to theories needing demonstrative proof. He is eminently a worker, often an enthusiastic one, to the end of producing good results in treatment, and is too modest to be in haste to put before the public records of his work. His success in treatment is equal to that of his city brother, yet he rates himself below his true worth. He is often obliged to fight the battle with mortality nearly alone, because far away from affiliating counsellors, and has no near friends to share responsibility or blame. His conscience is his compass, common sense his

*Dr. J. Wilmarth, Milford, Mass., in Boston Medical and Surgical Journal, August 7th.

rudder, and education the motive power that carry him through life. He does not belong to any mutual-admiration society, nor does he have any journal at command through whose columns he can publish what he deems important to promulgate.

To the closing paragraph of the article in question, I will say that I am suprised at the patronizing condescension with which the writer treats his country brother in saying, "we feel that he rather deserves praise that he is so useful a man, rather than blame that he has done so little for medical science."

Allow me to suggest that you city doctors come into the country a few years, with your notions that can be thoroughly put into practice among the wealthy city patients, and try your medical science here. You would find that you had developed seeming eccentricities, in the fact that you are too much of a specialist; and, in order to succeed in a country practice you must either develop other departments, or call in other specialists, all of whom could not live.

No, my brother, you do not know nor appreciate the country doctor. He is your natural ally; he knows to whom to send such patients as need special care. Without his advice many of your patients would fall into the hands of charlatans and medical tramps.

Does he, indeed, cling to the pharmaceutical preparations of a generation or more ago? Certainly, if they are good; and so do you. He is as glad to get the more elegant preparations as you are, and does so far as he can afford. But how about new remedies? The country doctor is not so much behind you as might be inferred. A few years ago one of the most eminent and progressive city doctors expressed surprise on looking into my case to find new preparations which he supposed were not outside of the city. I do not consider myself an exception, but claim to be one among many who try, with other multitudinous duties, to keep abreast with the times.—[College and Clinical Record.

The Crime of Over Statement.

In the candid study of reported cases, there is apparent to the critical mind an element of incredibility, which will not down at the bidding. We are ready to admit that this is not a constant factor, but merely that with all the hedging it is quite frequent enough to deserve criticism. There is somehow an over-writing, a curious blending of the probable with a suggestive caution lest the tale be too well told. These are the arts of the shrewd writer, well up in the tricks of his craft. Parallel instances do not and are not expected to yield like results in other hands. Failure is to be attributed to lack of skill, knowledge or judgment.

Much may be allowed for the enthusiasm of the advocate of a new mode or principle, but there is altogether too much glossing and too much of the spirit of self-complacency to yield results of permanent value. This strife for immediate recognition, and this pushing to the front at all hazards, although for a season successful to the individual, only resolve themselves into examples of disaster to science at large. Men shake their heads and take refuge in a general disbelief, which stifles progress.

Now we hold that much more is to be learned from confessed errors of logic and mistakes in diagnosis than by any pandering to a personal vanity or assumption of infallibility. An unsuccessful issue, incapable of any avoidance, in reality benefits more, when conscientiously stated, than the most brilliant jumping at conclusions. We desire to give to this expression the utmost force, especially if the prevarication be deliberate. In all contributions to the medical press, the ideas involved may be worthy of perpetuation; then more is the pity if they be overstated. What harm, therefore, if the foresight and ingenuity of other investigators bring to the task of unravelment a fresher mentality and more unprejudiced views. Any truth may be spoiled by too much drapery. Facts, in this our age, where Bacon holds such a sway, can well afford to

stand without propping. Facts, too, none of us need be told, are the known quantities in our mathematics no less than in other departments of learning. Hippocrates, as an observer of the phenomena of disease, will stand the test of ages yet to come; and Darwin, as a classifier of facts, will stimulate thought as long as the language in which he wrote is known. Why such enthronement? Why, because in both, the cardinal virtue was honesty.

In this our writing, we are hinting at no delinquents in particular, but are disposed to denounce tendencies, customs and motives. Offenders are legion, and, worst of all, unconscious of their faults—they only know their neighbor's, whom they would willingly punish. We admit that the temptations for a cheap acquirement of fame are various, that patience in classification is ignored, and that much latitude is given to fiction, but there can be no excuse for misleading the trusting by claims that are extravagant. We also allow that testimony is fallible, but cannot yield the point that falsehood, either deliberate or suggestive, can ever be utilized for any good. Let us have clear, succinct histories, devoid of attempts at embellishment, and those artifices of concealment which mar rather than strengthen; let us not depend upon any one instrument of precision, nor let our vista be limited by any one field. When we become convinced of the more truthful methods of procedure, we shall come to comprehend broader laws, and to anticipate some of the grander discoveries, which may have been intended for reservation to posterity. Our moral is obvious, less self-appreciation, but more labor for the general good.—[Journal of Am. Med. Association.

A YOUNG physician suggests that there are too many medical journals devoted to the interests of the *busy* practitioner; what he yearns for is a journal published in the interests of the *idle* doctor that will instruct him how to become "busy" or "overworked."

Railway Surgeons.

The Texas Medical Association at the annual meeting last year, adopted, by a rising vote the following:

"WHEREAS, The Railway Surgeons of America are called to meet in convention next month, in the City of St. Louis, to confer as to ways and means for perfecting the hospital services of all systems, the Texas State Medical Association, by resolution, respectfully submits to them the following suggestions:

"1. A schedule of charges that requires a physician to charge a railway corporation from 50 to 100 per cent. less than he would charge his neighbor and friend for the same kind of service, insults our sense of justice, and violates the spirit of our ethics.

"2. Any proposition to have the services of a local surgeon detailed in a report to his chief so as to enable said chief to estimate and be sole arbiter of the compensation to allow for said services, is degrading alike to our profession and to our manhood.

"3. When injuries occur, by accident or otherwise, the local surgeon in charge of the case should always be consulted as to the physical ability of the injured to bear transportation to hospitals. An economy that rushes men on trains without the consent of the attending physician is a discourtesy to him and sometimes fatal to the injured.

"These suggestions are offered in no spirit of kindness to a hospital system that certainly broadens the field of philanthropic usefulness, but the work should be done without bringing discredit upon men whose lives are devoted to the same noble service."

And the West Virginia Medical Society at the meeting this year adopted this:

"*Resolved*, That this Society appoint a committee to take such steps as will be necessary to bring the attention of Societies of adjoining States, and the American Medical Association, the relations assumed by railroad corporations in estab-

lishing systems of contract surgeons, and the rules adopted for the government of their surgeons, contrary to the spirit and letter of the Code of Ethics, and the small compensation given for such unlimited services, all of which is detrimental to the general interests of the profession, by lowering the value of medical services."

A KANSAS editor has recently been granted a pension of seventy-two dollars a month for indigestion. He will soon recover from his indigestion now that he has the means of buying something to digest.—[Times and Register (Phil.)

He has recovered, and is in keeping with the Pennsylvania man who *tried* to get a pension for straining his back—jumping the bounty.—[Kansas Medical Record.

The first might have averted his misfortune if he had exchanged his paper with the American Medical *Digest* and the second should have employed the "'*Courier*' of Medicine," or "Medical *Advance*." But the case of the Arkansas pensioner was beyond remedy. He applied for an increase of pension, and when requested to state on what ground he asked for an increase his reply was "*the hog cholera ;*" and being asked how he was affected by the disease, replied: "You see, the hog cholera got amongst my hogs since I was here before, and killed nearly all of them, and I ain't got enough to get along on without more increase."

THE regular profession has nothing to fear from those who sincerely practise their isms. It is the men who practise their pretensions with their mouths in order to obtain patients and at the same time carry in their vest pockets hypordermic cases well filled with "strong" medicines, and in severe cases resort to the old saddle-bag remedies with an avidity that shows they do not permit them to lapse into a state of "innocuous desuetude." This class of practitioners might with propriety be termed "*orificial*" physicians.

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ADDRESS:—LORENZO P. GIBSON, M. D., Managing Editor,
No. 111 E. Fifth Street, Little Rock, Ark.

All members of the Society should send their annual *dues* to the *Treasurer*, A. L. BREYSACHER, M. D., No. 121 W. Second Street, Little Rock, Ark.

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Editorial.

SUGGESTIONS TO REMEDY THE DEFECTS OF THE ARKANSAS MEDICAL ACT.—Three modes of remedying the law regulating the practice of medicine in this State have been suggested. First, to have one State Board of Health which shall have exclusive power to grant license. Second, to have a board in each congressional district and a State board of appeals. Third, to amend the present law so as to require the members of county boards to be graduates of medicine in good standing and to prevent a rejected applicant from applying for license to any other board in the State than the State board. The only objection that has been urged against the first proposition is that it would be a hardship to require applicants to go to the State capital to be examined. This amounts to very

little, since nearly every applicant would be coming into the State, having been attending lectures, or being an immigrant, and the additional inconvenience of a visit to Little Rock would not be burdensome. Against the third proposal, some have urged that it would be unnecessarily elaborate, and if a less number than a board for each county is to be established, there is no necessity for having more than the one mentioned in the first suggestion. The third plan has the most advocates and seems to be the most feasible; the only argument advanced against it being that in some counties there may not be a sufficient number of graduates to form a board, and that though graduates enough might be found in every county, the appointing power might select some who, though, having diplomas were not reputable practitioners. Arguments for and against any plan may be multiplied but there is one point on which there is no disagreement, and that is that any of the proposed changes would be an infinite improvement on the present state of affairs. There ought not to be any objection now to making the law very stringent. When medical legislation was first agitated, the greatest amount of opposition came from undergraduates, many of whom feared their occupation would be gone if a reasonably high standard was established. But they have been licensed under the five years clause and are no longer fighting the measure. Let those who have the welfare of the people at heart carefully consider the matter and present it to their representatives in the Legislature in its proper light, and there ought not to be any obstacle thrown in its way. It is generally conceded that whatever change is made, graduates from reputable schools ought not to be subjected to examination, but a rigid inquiry should, in every instance, be instituted regarding the standing of the schools granting diplomas. The idea adopted at the last meeting of the State Medical Society was the one recommended by the Committee on Medical Legislation, viz.: "The appointment of one board known as a State board and the repeal of all existing laws on the same subject." This is undoubtedly the simplest and best,

but whether it could be accomplished against the opposition of members of the existing county boards, is questionable. At any rate the Committee of the State Society on Medical Legislation ought to commence to ask for the very best, and then if that cannot be obtained, substitute the next best, and so on until one of the proposed remedies shall be accepted by the Legislature and a law enacted accordingly.

A State Board of Health.—There is a very good law among the statutes of Arkansas for the establishment of a State Board of Health. When the law was enacted, an appropriation for two years was made, and the board performed efficient work pertaining to vital statistics and other matters relating to the health of the people, but mostly of a preliminary nature, laying the foundation for the subsequent operations that were expected to be undertaken. But the first appropriation was made when the terrible experiences of two years of yellow fever epidemics were fresh in the minds of the people and their representatives, and nothing more panicky than a few cases of small-pox having appeared during the period which the appropriation covered, the next following and all subsequent Legislatures failed to make any appropriation, not being sufficiently conversant with medical science to understand that while epidemics of yellow fever, cholera and small-pox are appalling and produce consternation among the inhabitants, there are constantly, though quietly, at work other and even as deadly diseases, which are demonstrably preventable or limitable by a proper exercise of the authority of boards of health. When the people come to understand as fully as they should, the money value of health or *vice versa*, the financial *loss* caused by sickness, they will be more than anxious to have sufficient appropriations made to render efficient the work that ought to be performed by a board of health. There would be little difficulty in having passed a law having for its object the prevention of hog cholera and

Texas fever, or to stop the ravages of the cotton boll-worm, because the losses from them are apparent and make themselves felt at the pocket (the tenderest spot in most people), but it would be a Herculean task to convince the people that these are almost insignificant when compared with the loss of time and money (to say nothing of the destruction of human life) that are occurring perpetually from sickness that is clearly due to improper food and clothing, badly ventilated public and private buildings, undrained swamps and marshes, impure drinking water, and a disregard of the danger of exposure to contagious diseases. Legislators are supposed to be elected on account of their ability to represent their constituents faithfully, and while they do not always reflect in their votes the wishes of those who elect them, it must be admitted that in matters pertaining to the public health, the voters are, as a rule, totally indifferent. To overcome this indifference of the public, "as good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene and legal medicine. It is their province to enlighten the public in regard to quarantine regulations; the location, arrangement and dietaries of hospitals, asylums, schools, prisons and similar institutions; in relation to the medical police of towns, as drainage, ventilation, etc., and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the uffering, even at the jeopardy of their own lives." When every physician shall, at all proper times and on every favorable occasion, call to the attention of their patients the advantages and benefits that would result from State, county and municipal control of matters relating to the public health, it will be but a short time until all necessary laws are enacted and appropriations provided for by those having such authority.

Original Communications.

Report on Gynecology.

BY G. W. HUDSON, M. D., CHAIRMAN, CAMDEN.

[Read at the Fifteenth Annual Session, Little Rock, May 14–16, 1890.]

Your Committee on Gynecology would respectfully report that there has not been any new operations recommended, and no startling discoveries made within the last year, but gynecologists have been busy, where opportunities presented, in perfecting operations and treatments previously made, and as a rule pursuing a more conservative course. By permission of the gentlemen who are on this committee with me, I shall refrain from taking a general purview of the field of gynecology, which has grown to be so extensive of late years, and shall confine my report principally to electro-therapeutics as applied to diseases of the uterine organs. With my limited experience of two years, I am led to believe that we have a valuable and potent agent in the electric forces. We are indebted to Apostoli, whom we may truly call the apostle of gynecological electro-therapeutics. He has formulated and given the methods by which the use of electricity has opened up a new field of investigation, and developed it into a tangible and definite science, which has remained heretofore almost a mystic art. This mysterious fluid, which has power sufficient to shatter the firmest structures of God or man by an instantaneous flash, and which has proved, under the guidance of science, a force sufficient to move a train, or to carry human thoughts or words thousands of miles, can hardly prove ineffective as a therapeutic agent, and certainly possesses power sufficient to accomplish all that may be asked of it. That it is most supple and adaptable to a great variety of purposes is demonstrated to us daily.

We see it carrying our messages, moving our engines, illuminating our cities. May we not justly expect it to serve

a variety of purposes in medical sciences? Is it not reasonable to suppose that the qualities of this agent, already utilized by us in our work, should be capable of still greater modification and development? To gynecological therapeutics it seems especially well adapted, on account of its peculiar influence on the nervous system, with which the sexual organs of a woman are so intimately connected. Should we not succeed in moulding and guiding this agent, which upon other fields has proved so pliable and so yielding to man's ingenuity, responding to a whispered word or the touch of a finger?

I wrote to the different members of the committee to know what had been their experience with electricity in the treatment of diseases of the uterine organs. A few only have responded:

Dr. D. A. Linthicum, of Helena, Ark., states that he has had no experience with electricity, but treated three cases of intramural fibroids of uterus by hypodermic injections of ergotine, of 1½ grains to 1 drachm of water, into body of tumor, once in eight days. In each case the reduction of the tumor began in a week, and a barely perceptible induration at points of location in two, and one giving no indication of ever having had a tumor.

Dr. Charles P. Tobin, of Pine Bluff, states that his experience with the use of electricity has been quite limited, though he had used it in two cases of postpartum hemorrhage, after every other means had been exhausted, with perfect success, controlling hemorrhage almost instantly. He further states that he is a strong advocate of electricity in uterine diseases.

Dr. L. R. Stark, of Little Rock, states that he cannot say anything in regard to the use of electricity, as his experience is limited, and what little he had used it was so unsatisfactory that he would hesitate to take any strong ground on the subject.

I know of no better way to arrive at the true merit and to reach the scientific facts of the treatment than to record the combined experience of some of the best gynecologists of

America, which we find in the proceedings of a meeting of the New York Academy of Medicine, November 27, 1889:

Dr. Alexander J. C. Skene, of Brooklyn, said: "One class of men has condemned this treatment without mercy. Another class has obtained the most perfect results, and still another class has had an intermediate experience. They have been able to relieve their patients of most or all of their symptoms, and have diminished the size of the tumor or retarded their growth." He further states, "I have accepted the testimony of this latter class of witnesses, because it agreed with what little experience I have had in my practice. It has also been claimed that this agent is dangerous, but that has been fully met by the fact that all the benefit can be obtained without taking the risks that were at one time supposed to be unavoidable. Perhaps the most important question in the whole discussion is the relative merits in this and other methods of treatment. The claims of hysterectomy, and the removal of the ovaries for fibromata, have been urged with great vigor by those who are strangely addicted to surgery. There is however no evidence that this kind of surgery is safer or more sure in its results than electricity."

Dr. Rockwell, of New York, said, that fibroids can be greatly reduced by electrolysis, so much so that the patients will believe that the tumor has disappeared. It is simply a symptomatic cure.

Dr. A. H. Goelet, of New York, said: "It would seem unnecessary to add further testimony in favor of the treatment of uterine fibroids by electricity, since such authorities as Spencer Wells and Thomas Keith have abandoned hysterectomy and openly avowed themselves in favor of Apostolis' method. As to fibroids, it does not always dissipate the tumor entirely, but the tumor is very materially lessened; its growth is arrested and the symptoms are relieved. The pain is promptly arrested, hemorrhage is absolutely controlled."

Dr. E. L. H. McGinnis, of New York, said that we must not feel disappointed if marked diminutions are not noticed at once. "The great majority of cases show little change under

a month of treatment, but I have found one (very rarely two) thorough applications quite sufficient to control the most obstinate hemorrhage."

Dr. Paul F. Munde, of New York, states that he considers the galvano-puncture through the vagina into the tumor the ideal treatment. The four cases in which he had employed it had been absolutely cured, that is the tumors disappeared entirely, not a vestige being left.

Dr. Franklin H. Martin, of Chicago, states that out of 200 cases treated for fibroids not more than three had failed to obtain relief by the use of electricity. "If you will pardon me I will tabulate a few of the conditions in which I have had excellent success with electricity:

"First—Uterine versions.

"Second—Subinvolution.

"Third—Amenorrhœa.

"Fourth—Menorrhagia.

"Fifth—Chronic ovarian inflammation.

"Sixth—Occlusion of os, and stenosis of uterine canal.

"Atresia. I will cite one case in particular, in which I advised oophorectomy as the only mode of relief. She refusing, electricity was then suggested as a *dernier resort:* Miss ——, aged 40, had been a great sufferer all her life; had Sims' operation performed when 16 years of age, for straightening cervical canal, but with no relief. Upon examination I found complete anteflexion of uterus, chronic oophoritis, with enlargement of the excessively tender and anteriorly displaced ovaries; atresia of the cervical canal; os hard and uterus fixed; a general inflammation of the plevic cellular tissue. After the use of electricity for about fifteen months, in connection with hot douche, iodine and cotton tampon, her health is now very much improved; uterus in normal position, movable, and os patulous; very little ovarian neuralgia or tenderness over the pelvic region. In fact she expressed herself as feeling much better than she has for many years."

Acute Obstruction of the Bowel.

BY W. B. BARNER, M. D., LITTLE ROCK.

[Read before the Little Rock Medical Society at the stated meeting Sept. 1, 1890.]

Perhaps I may relate my own experience, not that I expect to enlighten you, but that I may profit by your greater wisdom and observation as brought out in the discussion.

CASE 1—Occurred in the spring of 1881, in the person of an athletic young laborer at a sawmill. He was suffering from well-marked symptoms of acute obstruction, and, according to my judgment, invagination. Counsel was called and the usual medical means used, but the man died in a few days from exhaustion and peritonitis.

This happened at a time when I knew nothing of laparotomy, in fact before the operation became popularized, so that I feel no remorse of conscience, but from a retrospective view of the case am satisfied it might have been saved either by enterotomy and the establishment of an artificial anus, or by laparo-enterectomy or certainly by intestinal anastomasis, had such a thing been known. My reason for this belief is, the man was one of great vitality, shock was not extreme in the beginning, and he doubtless would have recovered from either of these operations.

CASE 2—Occurred in the winter of 1889, being one of chronic obstruction from impacted colon, and in the person of a robust negro man. So great was the fecal accumulation in the ascending and transverse colon that one might almost have made the diagnosis from the sense of sight alone. He was put on the use of frequent enemata for a few hours, and subsequently in addition thereto upon the internal administration of a sat. sol. of magnes. sulph. in the infus. of senna, one ounce every six hours. The impaction was entirely overcome in two or three days, but evidently left the stercoral ulcer, resulting in perforative peritonitis and death. Cases of this character are said to be almost invarially fatal in the best of hands, but it

would have been proper to have opened the peritoneal cavity, and after having repaired the perforation, thoroughly cleansed the former, inserted drainage and closed the abdominal wound.

Case 3—Occurred in the spring of 1890, in the person of a delicate man, aet. 49, whom I was called to see early one morning. He stated he had eaten a crude supper and felt sure he had ordinary colic. I thought likewise, and expected relief to follow a single hypodermic of morphine, but after several such injections $\frac{1}{4}$ gr. each he was yet in pain. I began to suspect and examine more closely. There was constipation, vomiting, anuria, sub-normal temperature and pulse, and during the first twenty-four hours a tumor became manifest in the right iliac fossa. This was a marked clinical picture and I called in consultation, who differed from me in regard to the case. The usual general internal medication was used. By the third day there was peritonitis, and the abdominal distention was so great as to seriously embarrass respiration and circulation by pressure on the heart and lungs. I performed paracentesis of the bowel by means of the small needle of the aspirator, and the bowel was unloaded of a quantity of gas and liquid feces. He fell asleep under the operation and upon awakening after several hours said he felt better, but subsequently went into collapse and died. A post-mortem revealed ileo-cecal invagination, and the anatomical specimen can be seen in this bottle.

This man was very delicate; shock was extreme from beginning to ending, and I doubt whether operation would have been of any use.

In fact authority is opposed to ony radical operation on the intestine during extreme shock.

I have had personal observation of several instances of mechanical obstruction from the accumulation of entozoa, and of instances of dynamic obstruction from peritonitis, enteritis, etc. Thus, from diversified causes, my attention has been practically directed to this condition; and, from several of the cases, I have had impressed upon me the necessity of early operation.

I have known of two fatal instances of obstruction of the

bowel since beginning to write this paper. In one of these early operation was advised but rejected. In the other I am not aware of the particulars having simply heard the physician in attendance speak of the case.

I propose tonight to speak chiefly of acute obstruction, and what I have said or may say of the chronic form will be parenthetical. In discussing the subject external hernia and congenital malformations will be excluded. I am fully aware of my undertaking and my inability, and I am sure, if I were content to do so this Society would not expect me to exhaust the varied and intricate questions connected with it, in the time I might appropriately occupy on this occasion.

My paper will not be historical or statistical in its nature, but a concise consideration of some of the prominent features of the subject.

Primæ viæ! So named from the important relationship which they sustain to the perpetuation of the life of the individual! What question within the broad domain of our science more replete with interest from a practical standpoint than that of occlusion of this vital part? Or, what field of study more alluring to the physician and surgeon, particularly in consideration of the recent investigation and progress made by Senn, which will radically change the chapter devoted to this subject in every subsequent medical or surgical work. What are the reasons *seriatim* for the great practical importance to every general practitioner of an intimate knowledge of this condition.

I would state them as follows, viz.:

First—Because it is fraught with danger, and do what we may the result is liable to be fatal, and without proper and decisive action is still the more assured.

Second—Its treatment is not generally conducted with that discrimination and judgment characteristic of the same in other affections, because it occurs so rarely in individual experience that without a thorough previous knowledge, when one is suddenly confronted by a case, the symptoms and pleadings for relief are so urgent that he is apt to become

confused and suffer himself to be drawn into the old time *anceps remedium melius nullo* plan.

THIRD—Its successful management in its worst forms is essentially surgical, and in affections of the abdominal cavity the pathological conditions are hidden from the view and understanding of the patient, his friends and the laity, and the action of the medical attendant may not only subject him to public censure, but may likewise involve him from a medico-legal standpoint. The literature is not without allusion to the performance of laparotomy for a previously diagnosticated mechanical obstruction, where upon search no such condition was found to exist, and not the least among those who have made this mistake is the great Duyputren himself.

FREQUENCY—It is essential that in the sum total from all cases, external hernia and malignant tumors being excluded, that intestinal obstruction accounts for one in every 300 to 500 deaths.

CLASSIFICATION—Obstruction of the bowel may be classified under two general heads.

(1.) Mechanical occlusion or essential narrowing of the calibre.

(2.) Dynamic obstruction from suspended peristalsis.

CLINICALLY—The cases under both these headings naturally arrange themselves in two principal groups, acute and chronic, with occasionally a third, the sub-acute. An acute case may lapse into a sub-acute form, or, what is a more frequent change, a chronic case may become suddenly acute or sub-acute.

CAUSES—After eliminating external hernia and congenital malformations, which are the most fruitful causes of obstruction, the remaining causes, based on an analysis of 1839, cases will be arranged in the order of their frequency, with approximate percentage calculations to the whole number of cases attached. On the authority of Ashhurst that the majority of cases of the acute form met with in practice are cases of enteritis phlegmonodea, or enteritis involving the muscular coat of the bowel, I will place it in the first group, but am unable

to give relative percentages. In fact, until very recently, in the classification of obstruction, the line of demarkation between occlusion and adynamia of the bowel has not been accurately drawn:

(1.) Acute adynamic obstruction from suspension of peristalsis causes, enteritis phlegmonodea, tympanites, peritonitis, catarrhal and ulcerative enteritis, exventration.

(2.) Internal strangulation in its varied forms; by bands, kinking caused by traction, omentum caught in slits or under false bands, diverticular appendages, volvulus, internal hernia, etc., 29.6 per cent.

(3.) Intussusception; including all its forms, acute and chronic, 29.2 per cent.

(4.) Impaction of foreign bodies or abnormal concretions, as gall stones, enterolithes, entozoa, etc., 7 per cent.

CHRONIC OBSTRUCTION OR OCCLUSION.

(1.) Organic constrictions of the bowel resulting from injury or ulceration occurring within, or peritoneal thickening and contraction from without, or by new growths, innocent or malignant within the bowel, 27.7 per cent.

(2.) Accumulation or impaction of fecal matter less than 4 per cent.

(3.) Chronic invaginations, percentage separate from the acute I have not found.

(4.) Compression from without the bowel by displaced or diseased viscera, or by new growths, innocent or malignant, hydatids, etc., 3.3 per cent.

(5.) Chronic dynamic obstruction; as where the dynamic forces of the fecal circulation are interfered with by chronic tubercular peritonitis and the suspension of peristalsis in the immovable portions of the bowel.

I have only mentioned the causes of chronic obstruction for the purpose of distinguishing between the two in the minds of any who may not have recently looked up the subject. It is unnecessary to speak in detail of the way in which the separate causes act in producing the result, the reiteration of them

being sufficiently suggestive before this Society. But it may be best to say something of the dynamic form which is a new expression as applied to this condition. The word dynamia, from the Greek denoting power, when applied to animate matter, means vital power, or force. Hence dynamic obstruction means interference with the vital powers or forces, or yet more narrowly, the peristalsis of the bowel in contradistinction to real occlusion of its calibre. As before remarked, Ashhurst, although he has never used this term, thinks this form of obstruction from it several causes is more frequently met with in practice than occlusion of the calibre. Enteritis phlegmonodea, which is a phlegmonous inflammation of the intestine, involving the cellular and muscular elements of its tunics, and interfering with peristalsis in the same way that the function of muscle is temporarily lost in acute rheumatism. There have been cases of sudden death from tympanites, the rapid accumulation of gas being due to putrefactive matter within the canal or paralysis of the sympathetic nerves. Or the gas may accumulate in the peritoneal cavity as the result of putrefactive inflammation. Peritonitis may produce obstruction in several ways, and in the plastic form, extensive portions of the bowel may be deprived of its peristaltic action. Catarrhal and ulcerative enteritis may also eliminate peristalsis in a manner not yet explained. Exventration, or the escape of the bowels from the peritoneal cavity in cases of laparotomy, has been found to be a cause of obstruction following abdominal work. It has been explained on the theory that while the bowels are outside of the cavity, there occurs venous congestion and consequent exudation into their tunics, thus interfering with peristaltic action. The prophylactic treatment would consist in preventing outside escape if possible, the employment of moderate and uniform pressure in the after-dressing, and the administration of a brisk saline cathartic upon the first intimation of this condition.

The differential diagnosis in obstruction will not be considered at length. It is of absolute importance, however, in all cases to distinguish between:

(1.) Acute and chronic cases.

(2.) Between the dynamic form and occlusion.

(3.) If occlusion exists to be diligent in our efforts to diagnosticate its character, and in what portion of the canal it is situated. These distinctions are indispensable as bearing upon treatment. The two former points are comparatively easy, but the latter quite difficult to accomplish. I believe, however, if one is thoroughly conversant with the subject, it can be arrived at in the majority of instances. There has been an important addition to our resouces in diagnosis made by Senn, which consists in the rectal insufflation of hydrogen gas. Before the occurrence of distention it is of value in the majority of cases, and also in locating the obstruction during the performance of laparotomy.

Prognosis—The prognosis is generally good in dynamic obstruction, not good in chronic occlusion, and extremely ominous in acute occlusion of the calibre.

Symptoms —In the dynamic forms we have generally but not always the symptoms of inflammation, combined with those of obstruction. The exceptions would be in tympanitis occurring within the bowels, and in the early stage of the variety following exventration. The symptoms of acute occlusion are in general those of strangulated hernia, pain, abdominal tenderness, vital depression, vomiting, constipation, anuria, tympanites, and the occurrence of a tumor in the intussusception.

Treatment—The treatment in the dynamic forms is essentially the treatment of the antecedent disease causing the suspended peristalsis, peritonitis, enteritis, tympanitis, etc. And that of occlusion of the calibre of the bowel is essentially surgical. Yet it is necessary for us, when confronted by a case of acute occlusion, to have clearly in mind what we shall do while getting ready to do something more radical. The proper plan may be summarized as follows:

(1.) The use of opium hypodermically for the relief of pain and vomiting and arrest of peristaltic action.

(2.) The feeding of the patient, if by the mouth, the use of food that will leave the minimum of fecal residue; if by the

rectum, that which will be most readily absorbed. For the relief of thirst the use of pellets of ice, and enemeta of water.

(3.) The use of enemeta of warm water or warm oil is soothing, and may, with bare possibility, be of service in reducing an intussusception. It has been proven that as a rule liquid injections do not go further than the ileo-cecal valve, and that to reach this point it is superfluous to use the long rectal tube. Treves has never been able to pass the tube beyond the sygmoid flexure, and states that in instances where it has seemed to go higher, it has hitched in the mucous membrane and pushed the intestine before it. Neither is the Davidson syringe a good thing to use, as the fluid is too forcibly and unevenly injected, and, in cases of threatened gangrene, is more apt to produce rupture of the bowel. It has been shown that in Hegar's knee-chest position the fluid from a fountain syringe, with funnel elevated only one foot, will reach the ileo-cecal valve, and in all cases it is dangerous to force the fluid beyond this point.

(4.) The rectal insufflation of hydrogen gas should always be used early and under anesthesia, and Senn lays much stress on the proper manner of using it, which is by means of a rubber balloon, with manometer attachment, by which means the pressure, being exerted on each square inch of surface of the intestine, can be accurately known. He calls attention to the fact that with the bellows, or the method of Burgeon, there is danger of rupture. He has succeeded in reducing intussusceptions in this manner even where adhesions existed, and thinks it probable that other forms of mechanical obstruction may be reduced in the same manner.

(5.) Inversion of the patient, Erichsen thinks, should never be omitted.

(6.) Ice by enema or externally, and electricity, can only be of value in cases of ileus paralyticus from over distention.

(7.) Abdominal taxis, or massage.

(8.) Frequent washing out of the stomach. Max Schede asserts that 50 per cent of the cases will recover from this procedure alone; but Rydygier does not approve of it, and

says the temporary improvement tends to deceive the patient, while the disease advances.

(9.) The use of purgatives can only have the effect of King Solomon's observation on the admixture of vinegar with an alkaline salt.

The question now arises, how long shall we pursue these measures? And, in the language of that facile princeps of medical writers, Sir Thomas Watson, "Common sense and common humanity answer, 'You must stop the moment you are convinced there is a mechanical obstacle you can not overcome.'" To persist in the use of these measures after that conviction is to waste valuable time and to inflict wanton and needless torture upon the patient. And how are you to satisfy the patient's friends that his disorder is irremediable, and to resist their importunities to try this or that? This is a question. But is it our duty to look placidly and passively on while their relative is surely dying? So the question is, what now? And the answer is, a surgical operation. "But," says one, "the statistics of the operation show a greater mortality than when left to nature." "And the newer the statistics," says Ashhurst, "the worse the showing." If so, it must be for the same reason of the inutility of tracheotomy for the relief of croup—done too late. Steltzner has operated eight times and saved four cases—and others have recently had similar results.

I have already occupied your time too long, and can not discuss the newer operative procedures, but will say that Senn's method of anastomosis, rapid intra-abdominal examination, strict cleanliness, dexterity and early operation, will, in the generation to which we belong, revolutionize former statistics. These cases are serious—we must have courage. What was it that made Sydenham the chief of English physicians? It was by daring to order fresh air for his small-pox patients, and riding on horseback for consumptives, instead of the noxious and often loathsome rubbish of the established schools.

There is a story of Ambroise Pare. There had been a great victory at the Pass of Susa, and they were riding into the city. The wounded cried out as the horses trampled them under foot.

Going into a stable Pare saw four dead soldiers, and three desperately wounded. An old campaigner walked up and asked the great surgeon, "Can these fellows get well?" He said, "No." Whereupon the old soldier proceeded to cut their throats. Pare told him he was a bad man, to do such a thing. "I hope to God," he says, "somebody will do as much for me if I ever get into such a fix!"

The great majority of these cases won't get well (I have reference to occlusion). We must not cut their throats, but their bellies. A number of American surgeons have declared in favor of early operation, and among them is Dr. Senn. At the Sixteenth Congress of German Surgeons the matter was freely discussed, and the weight of opinion was in favor of early operation. In the language of Dr. Joseph Price, that "procrastination is the thief of time, and fills, unnecessarily, many a grave," was too long in being recognized as a surgical maxim. Even yet the conservative surgeon, conserving his fees while his patient loses his life, hangs upon the skirts of progress and impedes her strides. Let no man deceive himself into imagining that delay is conservatism. It is the fool's paradise, where laggards wait for luck instead of pluck to carry them to success!

Typho-Malarial Fever.

BY S. R. CATES, M. D., KINGSLAND.

[Read at the Fifteenth Annual Session, Little Rock, May 14–16, 1890.]

While this is a subject widely discussed and commented upon by many of our leading investigators, there is still a diversity of opinion both as to the cause and treatment of this disease, or these diseases.

Among the questions which have presented themselves are: Is typho-malarial fever the result of a specific poison, producing a disease running a definite course with its characteristic

lesion, or have we a severe form of malarial fever resembling or simulating and giving anatomical leisions like those of typhoid, which cannot be broken by anti-malarial remedies? Or, is the so-called typho-malarial fever the result of the combination of a malarial and a typhoid poison? Or is it simply typhoid fever complicated, or in some way changed or modified in its course by a malarial influence?

I am among those who believe the word typho-malaria should be used only when typhoid fever is modified or complicated by a malarial element.

According to my limited observation the disease is varied in its onset. It may come on gradually or the patient may be taken with a severe chill, followed by high fever; or there may be several chills, the fever coming on as an intermittent; or it may assume a remittent type from the very first, the fever reaching its highest point at the end of the second or third day. The bowels may be constipated, but at the end of the first or second week we usually find the typhoid symptoms fully developed.

The temperature may at first be readily reduced by large doses of quinine, but in spite of our quinine the fever gradually takes on a continued type.

We sometimes meet with severe forms of malarial fever, where our patients have been exposed for a considerable time to a severe malarial poison, where there is no typhoid element, in which there is profuse diarrhœa. There may be an ileo-colitis, in which there is ulceration of the bowels. Quinine may fail to reduce the temperature, being vomited or carried away by the bowels before it has time to be taken up. In others there is constipation, and quinine may remain in the stomach for some time, but, owing to inactivity of the gastric glands, it is not absorbed.

These cases often present marked cerebral symptoms, the tongue is dry and cracked, the spleen and liver very much enlarged, the urine scanty, the skin covered with a cold sweat and hemorrhage may take place from the bowels. In other cases, the temperature may be reduced by full doses of qui-

nine, but the fever continues from two to three weeks. The fever after the first week may not be due to the direct influence of the malarial poison, but to an accumulation of excrementitious material in the blood, and its effects upon the nerve centers.

While some of these varieties of malarial fever present many symptoms common to typhoid, some very diagnostic symptoms are absent and the lesions are entirely different.

I will not consume time or space in discussing the pathological changes which take place in typhoid, or those that are the result of malarial poisoning, but will notice only a few of the general symptoms and abnormal conditions to be found where both poisons are present, which furnish us indications for treatment:

First—There is a higher elevation of temperature than if the typhoid existed alone.

Second—There is increased retrograde metamorphosis of tissue.

Third—There is a greater diminution in the activity of the eliminative and secretory eliminative organs, and consequently a greater accumulation of waste material in the blood.

Fourth—There is a greater decrease in the assimilative functions, and consequently a more diminished constructive metamorphosis.

The *first* of these conditions, if not directly, is indirectly, the effect of the two poisons upon the blood and nerve centers.

The *second* depends principally upon the first.

The *third* is evidenced by dry tongue, absence of salivary secretions, dry skin, diminished urine, enlarged and congested liver and spleen and other organs.

As an indication of the *third*, we have nausea, anorexia and inability of the intestinal tract to digest and assimilate that amount and variety of food usually consumed.

The malarial element, as above stated, may yield to quinine in full doses, but if our patient is in a district contaminated by malarial influences, they may, in the course of a few

days, become again so saturated with the malarial poison, that, even after the typhoid poison has spent its force, we may have a severe intermittent fever, lasting for many days or even weeks. This, it seems to me, would not only furnish indications for full doses of quinine during the first few days, but for prophylactic doses during the further progress of the disease.

One objection to giving quinine in full doses, is the tendency to derange the digestion when given by the stomach, and, if not absorbed, to act as an irritant to the intestinal lesions. This will be avoided by giving it hypodermically. Some will object to giving quinine in this way because, they say, it always produces an abscess. This need not be the case if the solution be properly made, and not used too strong. Better use half a dozen injections of a weak solution, than one injection of a strong solution, as the strong solutions are those which produce abscesses.

The further treatment, according to the indications given, would be *antipyretic*, *supportive* and *eliminative*.

The temperature should be kept within certain limits, and should never be allowed to reach the hyperpyrexial state. The antipyretics most available for this purpose are, probably, baths, wet packs, antifebrin, phenacetine, quinine, antipyrine, salicylate of soda and digitalis, their efficiency coming in the order named.

There are, however, some contra indications to the use of the baths and pack, the most important, however, being hemorrhage and weakened heart's action. The same objection may be urged against antifebrin and phenacetine, but their depressing effect upon the heart may be prevented by giving with a small portion of whisky, or brandy preferably, in the form of egg-nogg. Antipyrine and digitalis are both liable to derange digestion, and should never be given if the heart's action is very feeble.

We can support our patients best by supplying the blood with material necessary to the construction of tissue, and by neutralizing those conditions which depress vital functions.

We should give our patients all the pure, easily digested, nutritious food the stomach will assimilate, and only such food as is digested principally in the stomach, and such as leaves but little residue. We should also increase the digestive and assimilative function of the stomach as much as possible by supplying those constituents necessary to digestion. I have found nothing better than good milk, milk and eggs, egg-nogg, and beef extract freshly made from good beef, with lime water, pepsin, dilute acids, pancreatine, etc., according to indications.

We may not be able to eliminate the specific poison which produces the graver pathological lesions in this disease, but we may assist in the elimination of the products of retrograde metamorphosis which themselves act as poisons to the tissue.

Iodine, one of our most valuable alteratives, has been claimed as a specific in the treatment of typhoid and typho-malarial fevers. While we do not claim it as a specific, it is a very valuable agent in the treatment of these diseases.

Trousseau, in treating of typhoid fever, says: "Iodine possesses most remarkable antiseptic power in this disease." But I believe as much good results from its alterative as from its antiseptic effect. Wood says, "In disease of perverted action in which an abnormal condition has been pressed upon the tissues, which prevents them from performance of their respected offices, the use of iodine is often followed by the most happy results. Such conditions we here find manifest in the liver, spleen, intestinal, mesenteric, salivary and lymphatic glands. Prof. Wilson, in a paper read before the College of Physicians, of Philadelphia, in 1883, says "Iodine as a general alterant is well calculated to counteract the universal molecular derangements existing in, and is capable of being so administered as to very favorably modify the progres of the disease."

While the compound tincture in combination with carbolic acid is recommended by some, I prefer the iodide of ammonium, or the iodide of sodium in from 5 gr. to 10 gr. doses every four or five hours. The dry state of the mouth, and scant salivary secretions, as well as other intestinal juices, furnish not only indications for iodine, but small doses of mercury may be given

in the form of calomel, in combination with ipecac and chlorate of potash, with the most beneficial results.

Turpentine is often of service when there is decided tympanites, and in small doses may act as a stimulant to the kidneys.

The action of the kidneys should be encouraged by moderate quantities of cold water, in addition to the milk and other liquid diet, which act as diluents.

I will not discuss the complications of typhoid and typho-malarial fevers, such as hemorrhages, perforations, etc., as we will not often be called upon to treat these conditions, if the treatment here suggested be strictly carried out.

After examining the pathological and abnormal condition present in this disease, and having tested the various plans of treatment, I am inclined to believe with Prof. Wilson that the expectant treatment of typhoid and typho-malarial fevers, which has predominated in the profession during the last twenty-five years, is unphilosophical and is attended by a ratio of mortality altogether higher than would occur under any system of treatment founded on the rational indications offered by a study of the clinical history and abnormal changes developed by the disease.

Before closing allow me to say that I believe that we are too prone to apply the prefix "typho" to low forms of fever which present marked cerebral symptoms, and in which there is no typhoid poison; that we should study our cases more closely, and apply the term to those only which present symptoms pathognomonic of the disease.

The State Society.

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R. G. Jennings, M. D., 1875 to 1881.

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R. W. Lindsey, M. D., 1889-90.

*Deceased.

County Societies.

[The proceedings of County Societies are requested for publication in this department.]

Sebastian County Society.

Dr. J. D. Southard, the Secretary, has sent a roster of the officers and members of this County Society. The officers are: President, J. W. Breedlove, M. D.; First Vice-President, G. F. Hynes, M. D.; Second Vice-President, E. G. Epler, M. D.; Secretary, J. D. Southard, M. D.; Treasurer, J. G. Eberle, M. D.

The Society has thirty-one members and meets regularly on the second Tuesday in each month. The list of members contains a number of names that appear frequently in the proceedings of the State Society, and with such a membership the meetings must be of unusual interest and benefit to those participating in its deliberations. Dr. Southard, the efficient Secretary promises to furnish the proceedings regularly for publication in the JOURNAL.

The Little Rock Medical Society.

The first stated meeting since the summer vacation was held Monday evening September 1, 1890.

The President, Dr. Stark, being absent Dr. Bentley was elected President *pro tem.* and Dr. Christian was appointed Secretary *pro. tem* in the absence of the regular Secretary, Dr. Joyner.

After the business of the evening was finished Dr. W. B. Barner read a paper of "Acute Intestinal Obstruction." (See page 153.)

Dr. J. A. Dibrell was the first speaker and mentioned the difficulties of a correct diagnosis and obstacles to be overcome frequently before consent to an operation could be obtained. He spoke of a case where there were almost typical signs and symptoms of intususception, but an operation was refused. The patient died, and the autopsy revealed circumscribed peritonitis with extensive adhesions, but no obstruction was found. He related a case of acute obstruction caused by Meckels diverticulum, an anatomical anomaly, the remains of fœtal life not mentioned in most books on surgery and anatomy. As he had reported the case to the State Society he would not again give the details.

Dr. E. R. Dibrell thought that in those cases where operative interference was not deemed advisable, or where consent to an operation could not be obtained, good results might follow, particularly in intususception, by increasing the vermicular action of the intestines by the administration of small, antiplastic doses of calomel, often repeated. He discussed the physiological action of the intestines, and believed that gentle stimulation, by the method above referred to, would aid in bringing about the desired result.

Dr. Bentley was of the opinion that operative interference had not been as successful as it was at first hoped it would be. He had rarely failed to relieve his patients by the employment of milder methods, such as injections, small doses of mercury, and, above all, mechanical manipulation, called *massage.*

Dr. Chrsitian, in view of present opinions on the subject with regard to the relative mortality between cases operated on and those not operated on, would hesitate before advising operative procedure.

Dr. Gibson said that the important points were an early and correct diagnosis, and early operation if at all. Much of the mortality was caused in this condition, as in cases requiring tracheotomy, by deferring operation until the patients were so near dead that but little was to be hoped for from it. With the improvements in intestinal surgery now so far advanced as to be established, much better results could be expected than before the researches of Dr. Senn and others in that direction.

The Society voted to have its papers published in the Journal of the State Medical Society, and then adjourned.

The Southwest Arkansas Medical Association.

This Association seems to have started with bright prospects, and judging from the proceedings of the first meeting, there are assurances of that executive ability of the officers that is essential to the life and prosperity of any organization. There is no district in Arkansas, or, in fact, in the United States, containing the same number of physicians, that has better material out of which to build up a useful Association. Death has removed some of the shining lights in that part of the State, but there is enough brain and energy possessed by those remaining to carry on successfully the work begun and continued by the departed ones.

At the last meeting of the Hempstead County Medical Society, the following resolutions were adopted:

Resolved, 1st, That the Hempstead County Medical Society is this day changed to the Southwest Arkansas Medical Association, retaining its constitution, by-laws and regulations with its present membership.

Resolved, 2d, That a circular inviting all regular physi-

cians between the Ouachita on the east, and the Texas line and Indian Territory on the west, be cordially invited to join us in our effort to build up the profession of medicine and place it where it belongs—upon a plane of scientific advancement abreast of the age.

Resolved, 3d, That a publication committee be appointed to publish such essays as they may deem worthy of publication; and said committee be authorized to contract with some medical periodical to carry out the provisions of this resolution.

Resolved, 4th, That professional and scientific gentlemen be requested to read papers from time to time upon such subjects as may interest the profession or public.

Resolved, 5th, That in taking this departure from County to District Society, we are actuated only by a desire to enlist a larger number of workers and sympathizers in the humanitarian efforts of our fellows; and to bring to the front many silent men who can do much for our profession.

Resolved, 6th, That we promise all who will join us a hearty welcome, and assure them that their efforts will be duly appreciated.

R. M. Wilson, M. D., *Secretary.*

Hope, Ark.

Essayists.—Dr. Armistead, Prescott; Drs. W. B. Foster, T. H. Green, T. A. McLarty and L. J. Gillespie, of Hope.

Continuing the roll-call of counties begun in the last issue, the Journal would be pleased to hear from—

Baxter County? More from a desire to see the good example of the profession in that county followed than from a belief that any but good news will come from it, for in response to an inquiry of the Secretary of the State Society last year the following reply was received, and with it the names of six regular graduates, who constitute the whole number in the county:

"We have a regularly organized medical society, that meets at stated times, and has been doing so for three years, the

monthly meeting being held on the first Wednesday after the first Sunday in each month. We would like to send a delegation to the State Society, but the distance is so great, and fifty miles to the nearest railway station, that we cannot afford to take the trip. We love organized medicine and the noble men who honor the profession, but a lack of public conveyance will prevent our having a delegate. I am sorry we can't.

"Yours truly,

"A. J. BREWER, M. D., *President.*"

With all of its natural advantages Baxter County presents as many obstacles to Society meetings as any county in the State, yet the handful of progressive physicians within her limits climb the mountains and ford the streams once every month to have a meeting of their County Society. It is easy to imagine with what pleasure and profit the members relate their experiences, and exchange their views on medical themes. It will not be long before there will be public conveyances in that part of the State, for where civilization is to be found there will be the railroad also. In this county it seems the civilization, judging by the high professional standing of her physicians, has gone far in advance of the wonderful civilizer.

IN mentioning the counties that have no medical organizations the JOURNAL does not do so with a view of censuring or of reflecting in any way upon the earnestness and ability that characterize the worthy physicians who in many instances have made repeated efforts to perform well the part that has fallen to them. As stated before, the JOURNAL desires to agitate the subject of medical organization in every county in Arkansas, until a society shall be formed in each, or the obstacles that prevent it shall be known and appreciated. It is well known that on account of bad roads, numerous streams and other causes, it is all the physicians in some portions of the State can do to visit their patients, even in cases of emergency or severe illness, and it would require more enthu-

siasm than the ordinary mortal possesses to induce them to come together at an appointed meeting place several times a year. Nevertheless, "every man is debtor to his profession," and ought to exert himself "to be a help and ornament thereto." The most practical way of being an ornamental help is to join the nearest Society.

In the southern part of the State, adjoining Ouachita, is Calhoun County. The minutes of the State Society do not show that this county ever had a Society, or member of the State organization; but doubtless there are five or six physicians in the county who could organize and derive much benefit to themselves, and be of assistance to their brothers in other portions of the country, who are endeavoring to obtain for their profession the recognition and high standard that it deserves. There is certainly one physician in the county sufficiently interested in the cause to let his brethren know of the efforts that have been made, and obstacles that have hindered them.

Correspondence.

A New Intestinal Entozoon.

To the Editor: Some five or six years ago, I furnished the Journal of the American Medical Association a short article, under the above caption, with two drawings of an amœbus found in the dejections of a healthy individual, which was published with two wood cuts depicting the amœbæ. Recently I have seen copied in several journals an account of an amœbus found in dysentery and liver abscess taken from the *Centralblatt fur* Bakterol und Parasitkde, as follows:

"Dr. Wm. Osler says that Losch, Koch and Kartulis have found an amœba-like organism in dysentery. Kartulis has

made the further observation that in liver abscess accompanying dysentry, amœbæ are found. So far as he knows these bodies have only been found in Russia and Egypt, so that the following observation has additional interest from the fact that they are also found in the New World.

"The patient has lived in Panama for five years, where he had suffered from chronic dysentry. In May, 1889, he came north and subsequently went to Vienna, where he was treated for recurrent attacks of dysentery. In December, he returned to Baltimore, where he was seen by Dr. Osler. For six weeks the patient suffered from slight chills and sweats. On March 22, two abscesses in the right lobe of the liver were opened. The contained pus was white, of the consistence of cream, and in part stained with bile.

"Upon examination, active amœba-like forms were found having about twelve times the volume of a white blood corpuscle. They changed their form as rapidly as the liveliest swamp amœba. Their structure presented a homogenous outer protoplasm, within this a granular substance, in which small cells of different sizes were found, and an occasional nucleus. These amœbæ were also found in active movement in the faces. The author thinks that the structure, movements and general appearance of this organism leaves no doubt but that it belongs to the parasitic forms of amœbæ"

The above is quoted from the Journal of the American Medical Association of August 9th, 1890.

The description here given, answers very closely to the one I gave in my article before alluded to, only the entozooa were hardly so large as those here depicted, and did not go through so lively changes of form.

These are described as occurring only in dysenteric discharges, while those that came under my observation were passed by a gentleman in perfect health. They were never found, however, in formed faces, but at any time a saline cathartic would bring away myriads of them.

This party was kept under observation, and the entozooa

repeatedly examined over a space of several years, and up to the last examination they were still found in abundance.

The gentleman whose intestines are the habitat of this microscopic denizen, I will say, is still living and in perfect health. I call attention to this, for the reason that my article seems to have been overlooked by microscopists, as I have never seen it alluded to in medical literature.

T. E. MURRELL, M. D.

Little Rock, Ark.

Pharmacy.

[Devoted chiefly to the interests of the Arkansas Association of Pharmacists, under the direction of their President, Mr. W. W. Kerr, Batesville, Ark., to whom all communications relating to this department should be addressed.]

Proprietary Nostrums.

We may as well announce early in the action that one of the *cranks* of these columns will be to wage an uncompromising warfare upon the practice, now become so common, of lending professional patronage to that class of remedies which flood the country and which are popularly known as "proprietary remedies."

Whilst it is our especial province to view the subject from the standpoint of a druggist, we shall not be very particular if we happen to cross the dividing line and invade the domain of our medical brethren, since it is they who are largely responsible for the existing condition of things, and upon them will mainly depend the correction of the evil.

We have had for many years what has been popularly known as "patent medicines," that is, remedies whose composition is known only to the manufacturers, and their secret protected by copyright or patent. For as many years they have enjoyed the active antagonism of the medical profession, and justly so. They are not prepared by physicians, or, if so, it is

by quacks. Their constituents are a secret, and so could not be prescribed intelligently; and they propose to cure all manner of diseases human flesh is heir to, a proposition a learned profession could not entertain, hence it has always been regarded, and is, the height of unprofessional conduct to tolerate them in any way. In addition to this, they are so generally bought and used by the masses, that the physician is robbed of the practice he has studied so long and hard to qualify himself for, and worked so untiringly to secure, and we are not generally supposed to nurse and foster an enemy who is constantly engaged in injuring us.

Within the past few years there has grown up amongst us another class of preparations which, out of deference to ears scientific, have never been christened with any name, but are beginning to be generally known as "proprietary remedies," which have met with a very different reception at the hands of the profession. We want to compare them with the first class and see if there is any good reason why they should be so highly honored. Note the points of similarity. They are not prepared by physicians. Their constituents are a secret to all but the makers, or if given, are published in such a way that no man on earth could take the formula and reproduce the preparation; they are protected by copyright; and they claim to be a panacea for all ills. More than this, they are rapidly becoming known to the people, and are being sold across the counter to the detriment of the legitimate practice of physic. Compare the labels of a fair representative of each class.

FIRST CLASS.	SECOND CLASS.
"For internal and external use. Cures rheumatism, lame back, headache, neuralgia, toothache, diphtheria, catarrh, and inflammation of the kidneys and bladder."	"The new remedy for neuralgia, rheumatism, dysmenorrhea, diphtheria, asthma, and headache from excessive dissipation."

Now, taking the descriptions of the two classes in connection with the representations of the labels, which should be denominated the "patent medicine," and which the "proprietary remedy," and why is one taken and the other left? It is a clear case of nothing in a name.

Not very long since an establishment which has for years been engaged in manufacturing patent medicines, sent out samples of one of its preparations to the physicians, with the formula upon the label, just as the manufacturers of the other kind of patent medicines do, with the view of inducing them to prescribe it in their practice, but what was the result? They turned from it with nasal organs elevated to the angle of disgust, and would have none of it, notwithstanding, if the label correctly represented the materials, it was a very elegant preparation, well calculated to do what was claimed for it.

There is no use wasting time hunting for the cause of this anomalous condition. It is a fast age in which we live, and there is a strong tendency in the direction of doing everything by machinery, and perhaps the practice of physic has caught the contagion. The question is, how may the evil best be checked. The best advice would doubtless be that which we usually give those who are too much in the habit of using intoxicants: "Quit it." But inasmuch as the advice would be about as apt to be taken in the one case as the other, we must try some other remedy.

We believe the habit of prescribing these remedies has been indulged by physicians more from a kind of passive acquiescence in a condition of things which has been imperceptibly brought about, little by little, by the active energies of the manufacturer, than by a deliberate determination upon their part to discard every principle of medical science except diagnosis; turning everything else over to irresponsible, and generally non-professional persons. If so, it will only be necessary that they be reminded frequently from a source competent to advise of the tendency and danger of the practice, to say nothing of its utterly unprofessional character.

The highest source, we should think, on this continent, would be the American Medical Society, and next, the respective State societies. The first of these has spoken in no uncertain way against it, and so have many of the latter, none of them, we are proud to say, so emphatically as the Medical Society of Arkansas. It is one thing, however, to solemnly re-

solve in council, and another to practise at home; and so it will be necessary to add "line upon line and precept upon precept," and if necessary, to carry their disciplinary power to its furtherest legitimate reach, until the evil is exterminated. A continued organized frown will eventually make the practice odious.

The Arkansas Association of Pharmacists has made repeated deliverances against the practice, and expects to repeat them from year to year with increased emphasis. It has also memorialized the State Medical Society on the subject, and will do so again next year. It has always been met fully half way by that Society, and has no fears but that it will continue to be so met, and as a result we have reason to believe, and the Committee on Trade Interests of our Association is our authority, the practice is indulged in in our State less than in any other.

But some may be ready to ask: "What have you as druggists got to do with it? Does it not increase the demand for your goods, and so increase the volume of your business? Even if it did not, what are you here for, but to pander to the whims of your mother?"

We claim to be a profession with some professional pride, and do not want to see it ignored, and the work for which we have fitted ourselves taken away from us and given to strangers who have no interest in us except to absorb our sustenance. From the mere mercenary standpoint of dollars and cents, too, we object. While it increases the volume of our business, it increases the capital necessary to do it, in a far greater proportion, and so reduces the profits; and it is profits we work for. Finally it is our very respect for "our mother" which inspires the protest.

The Arkansas Association of Pharmacists.

CORRESPONDENCE OF THE WESTERN DRUGGIST.

To the Editor: This name is not quite in keeping with the nomenclature of similar State organizations of retail druggists, but what is there in a name anyway? It is the organization and its plucky members that have attracted my attention, and are deserving of consideration.

The Arkansas Association of Pharmacists was organized eight years ago, and has been in continual existence ever since. It has been alive, but not in the sense that it is now animated. The birth of the Association came from the formation of a local association in Little Rock. A proposition was made to enlarge the city organization and was acted upon, but without apparent results. The first four years of the society recorded but little history and can be passed over without loss. The latter half of the body's life has been a more active one, owing to the organized effort to secure State pharmacy legislation. Thus far the noblest efforts of the most earnest workers have failed to make more than a passing impression on the Legislature of the State. At the eighth annual meeting, held in Pine Bluff during the latter part of June of this year, the Association adopted a proposed pharmacy bill, and it will be pushed at the opening of the Legislature this winter. If the bill passes as drawn up, the victory will be sufficient honors for the Association to rest upon during the next decade of its existence.

The Association is small in comparison to other State pharmaceutical associations, because the number of druggists in the State is correspondingly small. The membership is now about one hundred and thirty. Of this number over 25 per cent. were present at the last meeting. If one-quarter of the members of the Missouri meeting would attend a convention there would be 25 per cent. more than were at Excelsior Springs, and that was as large a convention as any State association ever held. In case one-quarter of the three thou-

sand members of the Illinois Association attended a convention there woule be a petition raised by the citizens of the State to keep the druggists at home, so that they could procure medicine.

The Pine Bluff meeting was characterized by quiet, hard-working sessions. By quiet, I mean that there were no personalities or heated debates forced upon the convention. The metric system was indorsed by the Association. Some of the members who could not gain quite sufficient love for the system to speak loudly for it were willing to see the resolution carried, and said that they had no doubt but what familiarity with the metric system would breed confidence in it and not contempt. Dr. J. B. Bond, of Little Rock, straddled the meter and *rode* it through in spite of all he has said on the subject in the past. The National Formulary was as warmly received in Arkansas as it has been in Missouri. In fact, I believe that Arkansas is one ahead of us, for the Medical Association has indorsed it. J. M. Anderson, the chairman of the committee, made a good display of N. F. preparations, and read a report of value to the profession.

Patent medicines and proprietary preparations have a black eye in Arkansas. The resolutions presented to the American Medical Association by the Tennessee Association of Pharmacists are mild beside what J. W. Beildeman proposed and saw adopted at Pine Bluff. What is more, the State Medical Society thinks likewise, and did not permit such goods to be exhibited at the last meeting. These Arkansas druggists and doctors have no half way of doing things.

Through the efforts of W. L. Dewoody and other progressive members, the American Pharmaceutical Association received considerable attention. The membership in the State was increased 20 per cent. by applications secured during the meeting. The present membership is small, but the proportion to the number of eligible persons in the State is large compared to some other States.

The papers read were all good, mostly of a statistical nature. Some of them were illustrated by experiments and

samples of preparations. The discussions were general, as far as the number who took part is concerned, and to the point when the subject is considered.

In strong contrast to the Missouri meeting, the amusement feature is entirely wanting. The banquet was a refreshing entertainment, but we had no games or competition for prizes. I am confident that the material is there for all the fun that can be had at any place. Perhaps a visit of a few of the members to the Excelsior Springs meeting next June, will cause the introduction of this feature.

The Arkansas pharmacists took very kindly to the Western Interstate Conference of Associated Pharmacists, and will be well represented at the first meeting. A visitor from Missouri, who strayed in at the Pine Bluff Convention, was the first one from another association that has ever visited them.

The membership of this Association is restricted to pharmacists, and it looks as if it is likely to remain so. Perhaps this is one reason why the conventions are so strictly business. Exhibits are encouraged to a limited extent, but are not numerous, as the meetings are small. The exhibitors present at the Pine Bluff meeting thanked the Association for the honor of being permitted to display their goods. In Missouri and some other States, the exhibitors are thanked and given considerable taffy by the organization, so that the Arkansas practice is turned around. However, it is no more than fair to state that sometimes the exhibitors pay quite dearly for the vote of thanks in the way of subscriptions to the amusement fund.

The proceedings of the meeting of 1889 were published. and constituted the first volume. It is probable that they will issue a report of the meeting this year. The Association is not rich by any means, but it is in a safe condition, for the members are willing to stand by it through thick and thin.

It is a noticeable fact that the elegant certificates of membership are sold at fifty cents apiece. I believe this is a good idea, as it induces more to buy them, and the greater the number displayed in stores, the better it is for the Association.

Although the meeting is set for three days, it has but two of business sessions. The first one is devoted to social sessions and conference among the members of the various committees.

Some may think it strange that President W. W. Kerr is now serving his fourth term. Well, he seems to be just the right man in the right place for the present, and it is fortunate that he can be had for the present term, when so much work must be accomplished if a pharmacy law is to be secured.

In conclusion, I must say that the Arkansas Association is in a fair way to continued growth and prosperity. Few can understand the difficulties the members have met, but all will be able to see the advance it will make in the future.

H. M. Whelpley, M. D., Ph. G.

St. Louis, July, 1890.

Class-Room Notes.

[From College and Clinical Record.]

Prof. Da Costa says *boulœmia* may be cured by the use of small doses of fluoride of calcium.

Peroxide of hydrogen is being used a great deal now as an *antiseptic* for cleansing wounds. It is used in a solution of 25 or 50 per cent., or even pure in some cases.

Dr. J. C. Da Costa prescribed the following in a case of *menstrual colic* :—

℞. Chloform. (pur.),
Spir. camphoræ, āā f℥ ss
— æther. nitrosi,
— æther. comp., āā f℥ iss. M.

Sig.—f℥ ss-j in ℥j of water, containing ℥j of spirit. frumenti, every half hour for three doses.

In trying to *outline the stomach* for purposes of diagnosis, Prof. Da Costa advises the use of sodii bicarb. and acid tartaric., taken separately. The carbonic acid gas set free distends the

organ and makes the examination by percussion comparatively easy.

Prof. Parvin, in cases of *amenorrhea* in young girls, especially if anæmic, recommends the following pill very highly:

℞. Ferri sulphat. exsic.,
Terebinthæ albæ, āā gr. j
Pul. aloes. gr. ¼-j. M.
Use such a pill t. d.

In *passing instruments into the urethra*, Prof. Brinton advises that tinct. opii camph. ʒj-ij be given beforehand, and that a stream of cold water be allowed to play on the glans penis for a few minutes, as it seems to lessen the pain considerably which usually attends the passage of instruments in supra-sensitive urethræ.

In cases of *endometritis*, Dr. J. C. Da Costa, after curetting the uterus very thoroughly, makes an application of the following:—

℞. Iodi., ʒij
Potassii iodidi, ʒiv
Glycerini, ʒj. M.
Sig.—For local use.

In a case of *sleeplessness* of typhoid fever, Prof. Da Costa prescribed urethan, grs. xx, to be repeated at once. In a case of *delirium* in a man who had pneumonia he used paraldedyhe ʒj with an equal quantity of oil of of sweet almonds. If it will do good, three doses are sufficient.

Prof. Forbes prescribed the following to harden the skin and to prevent the formation of *bedsores*:—

℞. Alumin.,
Sodii chloridi, āā ʒss
Aquæ,
Alcoholis, āā Oj. M.
Sig.—For local use, twice daily.

This formula was prescribed by Prof. Da Costa in a case of *hypertrophied heart* with some dropsy of the extremities:—

℞. Tinct. digitalis, f℥ij
— belladonnæ, f℥j
— cardamon. comp., f℥ij
Elix. simplicis, f℥j. M.
Sig.—Teaspoonful in water after meals.

For a case of *diabetes mellitus* at the clinic, Prof. Da Costa ordered strict attention to the diet, that being being first in importance, viz.: no starches, such as potatoes, bread, etc.; saccharin should be to sweeten articles of food. He also directed half a grain of codeia morning and evening.

Prof. Brinton advises the use of Prof. Gross's lupulin mixture in cases of *irritable bladder*. It is:—

℞. Uvæ ursæ, ℥j
Lupulin., ℥ss
Aquæ bullient., Oj
Dein. adde
Sodii bicarb., ℥ij
Tinct. opii camph., f℥ij. M.
Sig.—f℥ij every four hours.

Dr. Oliver P. Rex thinks that tinct. camphoræ is one of the best remedies as a basis for *diarrhœa* mixtures. It was prescribed in the following combination in a case in which it was preferred not to use opium, and acted admirably:—

℞. Tinct. camphoræ, f℥j
— capsici, f℥jss
— lavendulæ comp., f℥j
Spir. vini gallici, q. s. ad f℥ij. M.
Sig.—Teaspoonful every two or three hours.

Prof. Da Costa thinks that the exclusive use of a "milk diet" in *typhoid fever* is overdone. The stools should be carefully watched to see that the milk does not disagree. His plan is to use three pints of milk and one pint of broth in the twenty-four hours, given alternately, with a mid-day meal of arrow-root or other thickened food. It should be given every two hours during the day and every three hours at night. In very light cases it may be given every four hours at night, but under no circumstances should nourishment be used less frequently.

Prof. Keen gave the following directions for making *beef tea:* Select round or rump, as it is useless to spend money for

choicer beef when this is just as good for the purpose. Take one pound, chop into fine pieces about the size of the end of the little finger, and soak in one pint of cold water for two hours. Then boil the whole, strain and add enough water to make one pint. Add a sufficient quantity of salt, pepper, etc., to season to suit the taste. The object of soaking in cold water is to get the essence out of the beef. If warm water is used, a coating of albumen coagulates on the surface of the beef, thus preventing the essence from escaping.

There are several different methods of administering quinine in *intermittent fever.* Prof. Da Costa begins sixteen hours before the expected paroxysm, and gives four grains every four hours for three doses, and then as a final dose eight to twelve grains four hours before the time for the paroxysm to come on. Prof. Bartholow recommends one full dose, fifteen to twenty-five grains, three dours before the paroxysm is expected. Prof. Flint advises the administration of one large dose during, or immediately after, the sweating stage. Quinine must also be administered on the septenary days to prevent a return of the paroxysm.

In his lecture to the class upon *acute articular rheumatism,* Prof. Da Costa said: The newest as well as the most potent remedies are salicin, salicylic acid and the salicylates. But the salicylate of soda is better for adults and salicin for children. To be effective, ʒijiij must be given to an adult in twenty-four hours. Give every two or three hours, suspended in some gum mixture with almost any menstruum. As a rule, give large doses for about six doses, then lessen the quantity and the frequency of giving the medicament. When the action is not rapid there will be none. It is useless to give for more than three days if benefit is not the result by that time. If it disagrees with the patient, stop it at once. If you have cardiac complications, you had better abandon the treatment altogether and give something else. The next best treatment is the alkaline treatment, and this should always be used in cases with heart complications. It consists in giving of the

potassii acetat., or of sodii or potassii bicarbonat., one ounce or more in the twenty-four hours. Keep up for two or three days until the urine becomes alkaline, then lessen the quantity. At the same time, toward the end of the case no matter what treatment is used, you must administer eight to twelve grains of quinine per diem, which acts as a tonic and lessens the tendency to a relapse.

Prof. Keen gave the class the following table to remember when making a *differential diagnosis between dislocation and fracture* of the neck of the femur:—

Fracture of Neck.	*Dislocation.*
1st. Old persons, as a rule.	1st. Adult middle life.
2d. In women more frequently.	2d. Either sex (men more frequently.)
3d. Slight force.	3d. Severe force.
4th. Eversion of toes.	4th. Inversion of toes (usually).
5th Shortening in both.	5th. Shortening in both.
6th. If you restore to position displacement recurs.	6th. If you restore to position displacement does not recur.
7th. Uusually crepitus.	7th. No crepitus.
8th. Preternatural mobility.	8th. Preternatural immobility.
9th. Slight prominence of great trochanter.	9th. Great prominence of great trochanter.

He also gave this table as a differential diagnosis between *intra* and *extra-capsular fracture* of the neck of the femur:—

Intra-capsular.	*Extra-capsular.*
1st. Slight injury.	1st. Severe injury.
2d. Rarely severe contusion.	2d. Usually severe contusion.
3d. Shortening increases.	3d. Remains the same.
4th. Crepitus feeble and somewhat absent.	4th. Crepitus distinct.
5th. Leg nearly (but not entirely) helpless.	5th. Entirely so.
6th. Shortened radius of rotation.	6th. Still more so.
7th. Pain tolerably severe.	7th. Extremely severe.
8th. Usually occurs in persons over 50 years of age.	8th. Usually occurring in persons under 50 years of age.
9th. More frequently in women.	9th. More frequently in man.

David I. Mills & Co. is the style of a new drug firm recently established in Pine Bluff. The stock and furniture are entirely new, and the finest in the city. The business is in charge of Mr. Mills, formerly with J. H. Scull & Bro. Dave is First Vice-President of the Arkansas Association of Pharmacists; a first-class fellow, a first-class druggist, and we hope he will have a first-class business.

The pharmacists of Arkansas, and particularly the members of the Arkansas Association of Pharmacists, are very much indebted to Prof. H. M. Whelpley of the Meyer Bros. Druggist, for many services rendered to the cause of pharmical progress in this State, especially for his presence at the last meeting of the Association and his valuable counsel on that occasion; his admirable report of its proceedings published in his journal; and last, but not least, for his very pleasant letter about the Association written recently to the Western Druggist. We publish the letter entire elsewhere.

Mr. O. E. White from Cedar Rapids, Mich., has bought a drug store in Little Rock. We hope he will never have reason to regret his purchase, and that he will align himself with progressive pharmacy by joining the State Association at once.

"It is the essence of quackery to deal in mysteries and nostrums; It is the glory of medicine that it owns no patents and conceals no discoveries.—[Pittsburgh Medical Review.

Ed. Thomas, formerly with W. H. Halliburton of Little Rock, is now business manager of the Arkadelphia Drug Co.

A new drug firm, the Geo. M. Sweet Co., has recently been established in Argenta.

Miscellany.

State Medicine.

In private life the office of the physician is to subdue or mitigate illness, as far as possible, so that his patients may be able to devote themselves to their work or pleasures. To this end, in addition to his combat with actually developed disease, his advice is freely tendered respecting personal hygiene—habits of diet, of dress, occupation, exposure, etc.

Toward the aggregated people, as massed into States, the medical profession as a body occupies a correlative position.

It is our duty, as a class, to indicate to the governing powers the best devised means of protecting the citizens of the republic against preventable bodily ills. Medicine is, consequently, to a far greater extent than is officially or popularly recognized, of economic importance to the governement.

However costly be its work, surely public hygiene saves more to the State than is actually expended. Countless lives are preserved, the waste of disease minimized, and material production or exchange in a relative ratio is increased. This point, capable of much elaboration, should be constantly brought to the attention of legislators. Scarcely anything can be more important to the community than the preservation of its present and future effective force. The commander is idolized who in time gains a glorious victory at the sacrifice of comparatively few men. Peace hath its victories no less than war, we are told, and this work of State medicine, under whatsoever name it be carried on, is surely one of the chiefest.

This country of ours, so vast in domain, with so many diversities of climate, such an extensive coast line, such a mobile population, flooded constantly by a stream of immigration from all parts of the Old World, peculiarly exposed to the importation of virulent infections, stands in special need of public prophylaxis.

It is gratifying, therefore, to know that of late years earnest study and strenuous effort have been devoted to the solution of problems relative to public health. A number of able papers upon sanitation were presented to the recent meeing of the American Medical Association.—Dr. John V. Shoemaker, Tenn. Health Bulletin.

MANY OF THE SECULAR AND RELIGIOUS NEWSPAPERS that are loudest, most persistent and indignant in their denunciations of lotteries, contain column after column of advertisements of the vilest, most indecent and glaring frauds that ought to arouse the savage indignation of the Postmaster-General of the Cannibal Islands, and of all the inhabitants thereof; indeed it would be doing these islanders an injustice to suppose them so depraved as to eat of the flesh of those birds of prey who by their advertisements in the press rob, cheat and kill the halt, the lame, the blind, the mentally weak and superstitious, whose afflictions whether real or imaginary cause them to fall an easy victim to those monsters.

Congress has just passed a law having for its purpose the destruction of one of the most powerful frauds of modern times. It was a gigantic humbug but this much can be said of it, that it never pretended to be anything else. It is probable, nay, true, that more money goes annually through the mails to New York City for patent medicines, humbug remedies for incurable diseases, fortune telling and similar frauds and humbugs than is transmitted during the same period to New Orleans for lottery tickets. The Louisiana lottery is a vile institution and should have been suppressed long ago but it has this advantage over many other frauds that receive less or no condemnation, viz.: The persons who send money to its coffers rarely ever get anything in return and the only harm done is the parting of fools and their money. If that was all that occurred when poor, deluded mortals send their money for these cure-alls the latter's injurious effects would not be so far-reaching. But they do get something in return; a some-

thing that has been advertised as a certain cure for all the maladies that human flesh is heir to, and their cases in particular, and there is where the most harm is done by causing these unfortuuate or foolish people to build hopes on guarantees that are certain never to be fulfilled. Physicians are familiar with the injury done by the class of advertisements referred to, and can it be said that the editors and proprietors of papers that publish them do so from ignorance? In this connection it may be well to reprint the following resolutions adopted by the Society in 1888:

Resolved, That the members of the State Medical Society of Arkansas have for years observed with pain and mortification the patronage given to charlatanism in all its multifarious aspects by the religious press of our country.

Resolved, further and most specifically, That the appearance in religious papers, ostensibly published for the inculcation of truth and morality, of serious homilies on prayer and praise side by side with cures for consumption, cancer, Bright's disease and other incurable ailments to which an editorial indorsement is often given, as well as secret preparations under the cloak of remedies for disease, but really intended for purposes of fœticide and other immoral uses, largely tends to shake the confidence of the profession of medicine in the integrity and purpose of the managers and editors of such journals.

Resolved, further, That it has been the well known custom of the profession to render services gratuitously to clergymen, which we do not regret nor do we propose to recall, yet we must assert that the frequent occurrence of indorsements and recommendations of the clergy of peripatetic doctors and advertising charlatans has in many instances been the only reward of our gratuitous services.

Resolved, further, That we are aware that the editors of religious newpapers admit the painful situation in which these advertisements place them, and attempt to excuse themselves by saying that it is necessary to take these advertisements in order to obtain means to conduct their papers; but, in the language of orthodox theology we would say: "Put behind you that damnable doctrine that we must do evil that good may come."

Resolved, further, That as a society, we declare that the continued perpetration of the above offenses by some of the clergy and religious press brings harm to the bodies of their constituency, and damages materially their influence upon the thinking class of the medical profession.

Resolved, That the Secretary be instructed to furnish copies of these resolutions to the religious and medical press of the United States, to the American Medical Association and to the State Medical Societies, soliciting their co-operation in bringing about a correction of these grievous and palpable errors.

Work is progressing rapidly on the new building of the Medical Department of the Arkansas Industrial University notwithstanding the rainy weather that has been such a drawback to all kinds of outdoor work. The course of lectures will commence this year on November the 5th. As everything financial in this part of the country depends on the crops, it might be well for the sessions of all of the Southern schools to begin later, so as to give the students or those paying for their tuition sufficient time to make collections before starting off to attend lectnres.

Personal.

Dr. J. S. Corn has sold his property in Centre Point, Howard County, and contemplates a change of location, but has not decided yet where he will reside in future. Wherever he goes the community that may claim him for a citizen will be fortunate in the acquisition and obtain one of the best men and most accomplished and progressive physicians.

Dr. C. S. Gray, who was compelled to leave a lucrative practice in a more northern latitude on account of failing health, has concluded to reside permanently at Little Rock.

Dr. J. C. Minor has removed from Walnut Ridge to Hot Springs, where he will reside in future.

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ADDRESS:—LORENZO P. GIBSON, M. D., Managing Editor,
No. 111 E. Fifth Street, Little Rock, Ark.

All members of the Society should send their annual *dues* to the *Treasurer*, A. L. BREYSACHER, M. D., No. 121 W. Second Street, Little Rock, Ark.

VOLUME I. NOVEMBER, 1890. NUMBER 5.

Editorial.

STATE MEDICINE IN ARKANSAS.—Of all the Standing Committees of the State Medical Society of Arkansas that on State Medicine is pre-eminently the most important.

While liberal appropriations have been made for the geological survey of the State and a Bureau of Mines, Manufactures and Agriculture has been established, but one small sum was ever set aside for the use of the State Board of Health, and that was promptly discontinued before the board had time to accomplish any work in the direction of making a sanitary survey of the State. Hence, the duties that should belong to a Board of Health ought to be undertaken by the State Medical Society, and the Committee on State Medicine is the one to perform it.

In this connection it is disappointing to have to state that there has never been a full and complete report from that important committee. The chairmen have, as a rule, endeavored to do what devolved upon them, but with few exceptions the individual members of the committees have not come to their assistance in preparing the reports. The committee for the current year is composed of forty-three members from as many counties, and there is not a member of the committee who is not capable of contributing something of interest to the report to be presented at Hot Springs next year.

The value to the physicians and patients of a thorough sanitary survey of the different and varied portions of Arkansas can hardly be overestimated. There is not a State of the Union that presents as many different conditions conducive to health or productive of disease, as Arkansas. Her mineral and thermal springs are among the most noted in the world for their health-restoring qualities; while within her borders are swamps and marshes that rival those of the "Dark Continent" in producing malarial germs. She has the poorest and the most productive soil; the largest springs, with purest water, and marshy lowlands, with the impurest water. In some portions of the State malaria is as unknown as in any part of the United States, and in other localities every disease is influenced by its presence.

Practitioners coming from other States to this, and those moving from one section of it to another, have much to learn of the conditions that influence health and disease.

Very little if any careful study has been made of the morbific influences manifesting themselves in various forms and phases; at least nothing of a general result has been accomplished. Individual members of the medical profession residing in the respective sections of the State have, as a matter of necessity, made careful observations of their hygienic surroundings, but few of them have given to their brother members of the profession the result of their study and experience. It is very desirable to have a full and complete report from every county in the State for the present year, and then to

carefully note the changes that take place from year to year, until a very accurate knowledge of our State can be obtained by reference to and comparison with the different compilations. If any member of the committee for 1890–91 will not perform the duty assigned him, he ought to confer with the chairman, and make arrangements to have his work performed by another.

Dr. B. Hatchett, of Fort Smith, is the chairman, and a better selection could not have been made. He has invariably performed well every duty assigned him, and will doubtless endeavor to enlist the interest of the other members of the committee in the work that lies before them.

Original Communications.

Report on State Medicine.

BY A. J. VANCE, M. D., CHAIRMAN, HARRISON.

[Read at the Fifteenth Annual Session, Little Rock, May 14–16, 1890.]

Mr. President and Gentlemen:

Your committee on the subject of State Medicine has deemed it necessary to offer but few suggestions as to the wants of our State from a sanitary point of view.

This report will be confined chiefly to the action of the various morbific agents throughout the State.

From the last meeting of the State Medical Society until about the close of the year 1889, our State suffered but very little from epidemics. Mumps and scarlatina occurred in a few counties and several cases of small-pox were seen in one county.

The prevailing diseases in the southern and eastern counties are of a malarial origin, and in some of these counties malarial hematuria has proved stubborn to treatment.

Influenza appeared in our State on its western march sometime in December last, and since that time has been prevalent in nearly every county in the State. The epidemic has been severe and has presented a variety of complications.

Dr. J. C. Minor, of Lawrence county, says :

Since the glorious advent and ignominous departure from public view of Dr. Brown Sequard's *liquor rejuvenans* little of unusual importance has come to our notice, unless it be the serious invasion of our section recently by the prevailing epidemic resembling influenza, of which I shall report later.

About the latter part of July, and on for a month or more, we had *large* number of cases of myositis, followed by carbuncles, boils, interstitial abscesses, eczema, etc. The suggestions I have heard from our doctors as to cause and treatment lead me to say that thermic changes, producing depraved nutrition in its various ways will account for the former, while the usual surgical means in the treatment has been departed from perhaps but little.

Peroxide of hydrogen has been freely and successfully used in nearly all available cases. The abscess has usually been determined before surgical aid is sought; generous poultices of corn mush are applied for 12 or 24 hours; if heat, redness and tenderness are present, then a free opening in one or more places. *Peroxide of hydrogen* is then applied (after gently squeezing all pus through openings) by syringing thoroughly. When effervescence ceases wash out tract with (1-2000) solution corrosive sublimate. Apply bandage with compress; repeat for three or four days, and permit to recover; usual tonics and palliatives, if desired.

For the carbuncles and boils success has been attained by pricking the apices with hypodermic needle, and injecting campho-phenique, or pure carbolic acid—10-15 minims of former, 2-5 of latter according to amount of destruction desired. The anæsthetic and solvent effect soon relieves the patient of pain and the cavity of its foul pyogenic core. Salicylic acid packed in afterward assists the desired destruction.

During the early fall several cases of malarial hematuria were treated. Hyposulphite of soda wine, and later during convalescence, an acid was the successful treatment. Champagne was tried and found worthless (after the purchase was made). The doctors here think it "too rich for the blood," and not "backed up" by sufficient theory or authority.

Influenza—Epidemic Catarrh—(La Grippe, Fr.)—Neither name nor synonyms seem to be a fit term for the conglomeration of provoking symptoms and conditions that have invaded, mercilessly our section of country since January 15, 1890, when several cases of a fair type of influenza were discovered. Since then influenza has almost lost its identity, and there is and has been a vast deal of sickness, distressing and fatal in too large a per cent., presenting symptoms that have been classified as *nervous*, *gastric* and *catarrhal*, and so predominant have been one or the other of these classes of symptoms that there may be said to be three varieties of the epidemic. In a very large per cent. of cases, however, symptoms of each variety are present in the same case, and this classification is then puzzling and difficult to make.

The attack is usually ushered in by a chill, or chills, chilly sensation for two or three days; high fever in some cases; temperature, 104, 105½; dry, parched tongue, and fauces thirst, some cough, sore throat and swelling, and tenderness on one or both sides, then PAIN. This is intense and located in a variety of places *sometimes* the *nervous system* seemed *inflamed* and tenderness was over the whole body. In majority of cases, the pain was either in the eye, above the eye, in the ear, frontal sinuses, throat, back of neck, spine, one or both chest walls or in precordial region. Bowels usually costive, urine scanty, high colored and acid.

Gastric disturbance in not a large proportion, mostly among the female patients, but obstinate to control. A large proportion of the cases encountered here have been of this variety, with prominent nervous symptoms and very little catarrhal trouble. This has been fortunate for us, as the latter symptoms have made the epidemic a dreaded one, and nearly all

deaths have occurred from catarrhal pneumonia and bronchitis.

Catarrhal form may begin with ordinary symptoms of "bad cold," with chill or chilly sensation; cough and usual symptoms of acute bronchitis. Then in from one to two days pneumonia will develop the catarrhal form, and in about six or seven days the patient has nearly drowned from prostration and inability to "throw off" the catarrhal accumulations present in the lungs. These accumulations have been noticed, particularly upon auscultation and percussion on posterior aspect of chest, as though accumulated dry gravitation.

The usual course seems to be from three to twenty days, some mild cases recurring about every two weeks.

The mildest cases noticed have been those among children. Children also seem less susceptible.

The severest cases have been those having the gastric and nervous symptoms combined and have been mostly among females.

The fatality has been among the poorer classes who have been exposed most to changes of weather, who have lived in poor huts and shanties, and who in consequence have been attacked with the catarrhal form in all its virulence. No deaths are reported as occurring in families either in town or rural districts where ordinary comforts of life with fair medical skill were to be had.

About 100 cases have been treated in this vicinity (and it is about the same proportion for the county) seventy-five more or less have suffered from the nervous and milder forms, ten or twelve have had gastric symptoms very prominent, and the remaining number have had catarrhal bronchitis or pneumonia, seven or eight of them dying.

The Causation. Nothing new has been advanced upon the cause. Thermic and electric changes, with the hypothetic irritation of the excessive supply of ozone, seem to be believed in. A few of our doctors support the germ theory. All cases in which there seems to have been contagion, the catarrhal symptoms have been most prominent.

Treatment has been unsatisfactory. As abortive measures, hot drinks, hot foot-baths, quinine and Dovers powder or acetanilid have been used successfully at very onset. Minute doses of ipecac and mild chloride mercury every two hours have done nice work when heat and dryness of tongue and respiratory tract have been at their height. Acetanilid, Dovers powders, phenacetine, salol, antipirin, lactucarium and opium have all been used to relieve the fearful paroxysms of pain, the two former being the favorites except in catarrhal form, when prostration is feared, then stimulating expectorants with atropia and opiate have been found of advantage. Local irritants have been used over the chest and throat when catarrhal symptoms were to be feared.

Usual sedatives have been tried for gastric disturbances, but raw whisky has checked vomiting more quickly, perhaps, than all others. Bowels have usually from the start been kept open with saline cathartic, soda hyposulphite being the preferenee.

Our severest cases are on us at present writing the severity having steadily increased since the invasion

Last week out of eight patients (all suffering with catarrhal pneumonia) six were corpses before any one of them could be buried.

This was about three miles from our town and all of them within stone's throw of each other.

Dr. O. M. Bourland writes from Crawford County: I have observed in my practice and have been apprised of some pecu liarities in disease by other physicians practising in this county, which may be of sufficient interest to merit mention at the meeting of the State Medical Society. During the past year mumps has prevailed, and there has been observed a metastasis to the testicles in a very large percentage of these cases. There was not observed a corresponding metastasis to the ovaries in females. I think the metastasis due to exposure to the elements and exercise prior to or soon after the disappearance of the swelling from the parotids. All the cases made good recoveries, however, as far as I am able to learn.

La grippe prevailed extensively in this county, affecting a large portion of the people of Van Buren and vicinity; at the same time other neighborhoods were visited by it, while others escaped for four weeks or longer and then were subjected to its influences. In the distance of ten miles the epidemic, in some instances, manifested itself at intervals of two to four weeks, it seeming to have no regular course of distribution. The complications have been numerous, pneumonia and capillary bronchitis proving to be the most rebellious, as of necessity we would expect to find. The fatal cases, resulting from these complications, have been in every instance, I believe, in a great measure due to tardiness in procuring medical aid, together with a want of scientific nursing and proper environment. I am not prepared to assert, however, that the prognosis in these complicated cases was markedly less favorable than in cases of pneumonia or capillary bronchitis occurring independent of la grippe.

In a large proportion of cases, there remains a hyper-sensitiveness of the laryingeal mucous membrane which induces a troublesome cough on exposure to sudden changes in temperature, which is very rebellious to treatment. I have treated uncomplicated cases with acetanilid and a mixture containing ammonium chloride senega, and syrup ipecacuanha. This treatment has proven very satisfactory, acetanilid having a wonderful effect in relieving the attendant aching of head and limbs. From my experience, I prefer acetanilid to antipyrine or phenacetine, though I have not used the latter medicine very extensively. I find phenacetine to be a very reliable and serviceable remedy, however, in many pains and aches. I used 5 grs. acetanalid repeated hourly until aching and pain in the head was relieved; and the mixture above spoken of was given every hour or two. Of course, in cases manifesting gastric disturbance, I used remedies addressed especially to this symptom, in some cases using a mild mercurial, usually hydrorg. cum creta. In other complications, I used the treatment appropriate to the disease when not occuring in conjunction with la grippe. There has been observed, all over the

county, in convalescence, a loss of strength disproportionate, apparently, to the severity of the attack and duration of the illness. This feature of the disease has elicited comment both from the laity and the profession. In many cases there was an apparent strength, which upon manual labor was found to be deceptive.

I had a case of obstruction of the bowels not long since, which I will mention, which may bring out some discussion on the subject. I was called at night some three weeks since to see a boy aged sixteen years who had not had an evacuation from the bowels for ten days. I found him in a very precarious condition; rapid, wiry pulse, sunken eyes, pinched features, bowels sunken, tenderness over caecum; had a history of having eaten raw potatoes ten days previous to my visit, with no evacuation since the day following the ingestion of the raw potatoes. His parents, who were ignorant and poor Irish, had administered pills at different times during his illness. I administered enemata of coal oil and melted lard, equal parts, at intervals of two hours, till five were used, at which time an evacuation was produced. About three-fourths pint was the quantity used at each enema. After the bowels were evacuated the father brought me two cockle-burrs which he said were passed by his boy. Others testified that such was the case. But the burrs did not have the appearance of having been in the bowels and I doubted the statement. The boy died on the third day after my visit. I did not see him after my first visit. There was no history of insanity in patient or immediate family, but it was said the patient had an insatiable appetite, almost. No *post mortem* was had. I would like to know if any member ever had a case of obstruction from cockle-burrs. The other treatment of this case was ol. terebinthinas, internally, and as local application over abdomen combined with camphor and coal oil. Also, whisky and beef tea were administered.

Dr. E. L. Dawson reports from Ouachita County:

Troubles referrable to the air passages: A few cases of pharyngitis, unimportant in every particular. A few cases of

tonsilitis ended without serious trouble. A considerable number of cases of bronchitis in adults, with a few cases of capillary bronchitis in infants, with two deaths.

Very few cases of acute lobar pneumonia, and most of them of a mild form. No deaths.

Acute catarrh, or influenza, began in November and was wide spread; almost the entire community suffered, only a few being sick enough to be confined to bed. I do not know that it was the cause of death in a single instance. The epidemic has about subsided. No cases of pleurisy.

There were a number of cases of chronic valvular lesions, from which death resulted in two instances.

I forgot to mention cases of pulmonary phthisis, of which I saw only a few, with two deaths.

The bowels have been the seat of entero-colitis in I suppose half a dozen cases in adults, with recovery in all.

Diarrhœa, or summer complaint, in a comparatively small number of infants, with one death.

Have seen a few cases of inflammation of the spleen; enlarged in a great number of cases. A few cases of liver trouble (abscess in one) and hepatic colic, or, more properly, passage of gall stones.

Acute affections of brain: One case meningitis; death. One case of melancholia, improvement; relapse, improvement, another relapse, and improvement again; chronic trouble, now.

Have seen a few cases pernicious anæmia; death in one; prognosis in others bad.

Malarial diseases: All types at home here, however, there has not been a great many cases of intermittents, nor remittents in the past year. Most cases have been easy to control. Have had no case of hematuria. Have treated thirteen cases of continued remittent fever of a *severe* grade, with the appalling result of four deaths!

There have been seven cases of scarlet fever of a mild form; no deaths.

This report of diseases is about an average of the county.

Dr. J. B. Cummings makes the following report on State

Medicine for the County of St. Francis: During the year now drawing to its medical close we have had but one epidemic worthy of the name, and that is that of influenza, popularized as la grippe. This has been characterized by exceedingly mild symptoms, few or no bronchial or pneumonic complications accompanying it. There was, too, I believe, a local epidemic of malaria in a portion of the county, of a very mild type, few, or indeed no deaths resulting therefrom. We have had to a limited extent, more limited perhaps than for a number of years, the ordinary malarial disease to which the county is subject. The more serious forms of malarial fever have been rarer than I have known in a practice extending over fifteen years, such, for instance, as the pernicious congestive and so-called hematuric varieties.

Pneumonia has prevailed to a very limited degree, and very easily managed.

The acute rheumatic troubles have, I think, been more frequent, and the graver complications resulting from the disease have been, I feel assured, encountered more often than for a number of years.

On the whole, however, the county has enjoyed remarkable health for the year just closing. Our greatest epidemic, and one that has given us most trouble, is the political epidemic, which, however, only affects we local doctors.

As to the treatment of la grippe, I have found that a purgative when necessary, followed by antipyrin or phenacetine, or both, have given almost entire satisfaction, with sulphonal or chloralamide as sleep producers.

The treatment for acute inflammatory rheumatism, in my hands at least, has been very unsatisfactory in most cases. I have gotton greater benefits, perhaps, from salacylic acid and its compounds than from any other single drug—salol coming in second best. I don't think I ever saw as many heart complications from rheumatism in this climate, at least as I have seen the past six months.

Dr. S. M. Taylor, of Pine Bluff, writes:

Owing to the indifference or negligence of the people, as well as of the officers of both county and city, I have been unable to gather any reliable statistics as to the mortality rate. The county is without record of births and deaths, and the City of Pine Bluff preserved only a partial one. There is no record at all obtainable of the Catholic and Jewish denominations Still, I find upon investigation, owing to prevailing meteorlogical conditions during the year, the mortality rate to be low. In fact, it is known to all physicians that the health condition of the county was far better than in previous years. This especially applies to Pine Bluff where drainage and sewerage so largely contributed to hygiene, the death rate, from best data, being about twenty-one per 1000, the county however, ranging somewhat higher.

There has been no sickness of epidemic nature excepting la grippe, so generally prevalent. As a matter of course, both county and city have had their share of different kinds of malaria, dysentery, etc., but attended with remarkably few cases of typhoid. Especially was the spring of 1889 healthy.

The late fall and summer brought dysentery, small-pox, congestive chills, and malarial hematuria, mostly of fatal character. Of forty cases of small-pox, only four or five died. Some of these cases were confluent with other severe symptoms. A great many cases of dysentery resulted fatally ; very few attacked with hematuria escaped. Dr. Alexander, our worthy brother and faithful city physician, died of this fearful disease.

In the beginning of the winter we had twenty or thirty cases of scarlatina, some complicated with diphtheria, but fortunately of a mild character. About the middle of December the huge march of "la grippe" caught us in all its different forms—catarrhal, rheumatic and nervous—later on resembling meningitis, but only few deaths resulted unless complicated pneumonia or tuberculosis, or those weakened by other diseases of a chronic nature.

The month of April was generally healthy ; even "la grippe" appeared only sporadically, and, without complications, could

be relieved and treated with the usual sedatives, antipyrine, phenacetin and the bromides being the most common in vogue. A great many relapses of the disease are recorded.

I would suggest to the State Medical Society proper steps to enforce the already existing State law about vital statistics in all the counties and cities; or, better, amend the laws as to births and deaths, and *enforce it*, for we all know too well the great importance of a well-kept record in this regard, affecting all races and denominations of the various churches.

Dr. T. J. Booker reports very few cases of influenza in Hempstead County. The prevailing diseases in his county have been the various forms of fevers, such as intermittent, remittent and continued, pneumonia, phthisis, and various other lung troubles.

Dr. G. D. Gray writes from Lee County that "there have been a considerable number of cases of la grippe or influenza, and a few cases of croupous pneumonia."

There seems to have been an unusual amount of sickness for the season of the year. He also reports a large number of cases of leucorrhœa and other symptoms of various uterine disorders.

Dr. Thomas J. Woods, of Izard County, writes that during the past year there have been some variations from the usual type of diseases. During the last summer and fall, at which diseases of an asthenic type of malarial origin prevailed, such diseases were frequently accompanied by typhoid fever, or were of an asthenic character. During the past winter, diseases of the respiratory organs—croup, bronchitis, pneumonia—were unusually rare, and typhoid fever has been unusually prevalent.

The type is usually mild—but few fatal cases. The only fatal cases of which I have any knowledge were supposed to have been attacked with influenza during convalescence.

The "la grippe" has been almost universal, a very small percentage of the population escaping, the only fatal cases being with persons who were previously reduced in health by extreme age or disease, as bronchitis, pneumonia, rheumatism,

etc. I do not suppose the mortality from la grippe would exceed one-third of 1 per cent. I notice that the disease universally leaves the patient almost bereft of vital energy, and very susceptible to subsequent attacks, which are usually more severe than the first attack. I think la grippe is now practically ended for the present.

Now, as to the cause of the variations in the type of the prevailing sickness during the past year, I am not prepared to give any positive explanation.

Possibly it is influenced by the same, or materies morbi, which has produced the influenza. I notice that typhoid fever has been more prevalent in localities where commercial fertilizers have been used on the farms, but as to whether that has any causative influence, or has been merely coincident, I am unable to say.

I shall take the present opportunity to say something in regard to the ethical status of the medical profession in this county. The whole number of practitioners in the county is twenty-eight; graduates, fourteen; undergraduates, fourteen. Of the graduates ten are regular, two eclectic, and two homœopathic. Of the graduates of regular colleges two are superanuated and retired; three affiliate with the irregulars, which reduces the regular practitioners to five. The reason I would assign for this state of affairs is the insufficiency of the law governing the practice of medicine.

The county examining board is now, and has always been, composed of irregular and incompetent practitioners, who have licensed every applicant, without exception, however incompetent.

Most of our young men who have graduated in regular schools have been disgusted with the condition of affairs, and have sought for better locations elsewhere.

Quackery seems to be enjoying a picnic here. Our so-called law governing the practice of medicine is its most potent friend.

Dr. Z. J. Lantorn writes from Dallas County that epidemic acute bronchitis, or la grippe, or influenza, has been very prev-

alent, and he noticed nothing uncommon except universal prevalence.

He also reports an unusual amount of rheumatism and neuralgia during the winter months, a greater number of cases of malarial and typhoid fevers last fall than usual, and less intermittent and remittent fevers during the summer.

Dr. W. W. Hipolite, of Devalls Bluff, writes that there has been nothing of importance to report from Prairie County except the general prevalence of the epidemic influenza which resulted fatally in only a few cases because of the supervention of pneumonia in a previously enfeebled constitution, or from neglect of early treatment. The year, he says, has been an exceptionally healthy one. The diseases which have prevailed have been of a malarial origin, generally of a mild form and readily amenable to treatment; but after they partook of a pernicious or congestive character, requiring the most prompt and vigorous treatment to avert a speedy dissolution. Not infrequently cases of malarial hematuria are encountered generally along the lowlands, bordering on the river or along the bayous.

Dr. W. R. Baker writes from Polk County that influenza has prevailed generally in his county, attended with but little fatality. Typhoid fever prevailed and was attended with more fatality than influenza, among the aged especially, both making the average mortality greater than usual.

Dr. S. R. Cates, of Cleveland County, writes: "The diseases prevailing here during last summer were such as we always have during the hot months, malarial fevers, dysentery and summer diarrhœa, some of which proved fatal among children. Having been away from the State during the time when influenza was most prevalent, my observation of the disease at home has been confined chiefly to the sequelar of the disease. My opinion is that the disease is different from that ordinarily found here during the wet winter months, the chief difference being in the more intense pain in the head, back and limbs, and a greater tendency to inflammations involving the larynx and middle ear, and in the marked mental

and physical depression existing during and immediately following an attack." The doctor suggests phenacetin or antifebrin, quinine and saline laxatives. For suppurative inflammation of middle ear, inflating with a Politzer air bag, or some other convenient method.

Dr. J. T. Hawkins, of Columbia County, writes that influenza has prevailed very generally, but has been exceedingly mild, but says that they have had more bronchitis than usual, a number of them unusually severe, and have also had a large number of cases of rheumatism, both articular and muscular, which was not benefited much by salicylates, alkalis, iodides, or anything else. We might remark just here, in parenthesis, this, the bronchitis resembles the catarrhal form, and the rheumatism the nervous form of influenza. The doctor reports that malarial fever has prevailed all winter in its various forms and that he never before has had so much bowel trouble to treat during the winter months, and very stubborn to treatment. He also reports twenty-four cases of scarlatina, with three or four deaths.

Dr. J. W. Webster, of Washington County, writes under date of April 8: "There has been no epidemic during the year just past, except the present one of la grippe. We have had typhoid fever in every month of the year past. During the summer and fall months it was more frequent and of a more malignant type.

"My observation is that this fever is becoming more frequent in each succeeding year and also becoming more malignant.

"Pneumonia prevailed here during the fall and winter; was generally mild, lasting five to twelve days. No fatal cases of pneumonia within twelve months.

"The first case of la grippe noticed was January 19, and spread rapidly.

"Several cases of catarrhal pneumonia followed influenza, usually occurring in persons predisposed to lung troubles. The disease was more severe in the extremes of life, either in the very old or very young. In several cases there was a general catarrhal condition of mucous surface, bronchial, gastro-

intestinal, etc. There was a number of cases of suppuration of middle ear in children. Nearly every disease common to this county was simulated by la grippe."

Dr. G. Prewitt, of Mississippi County, says that "La grippe has attacked nearly every one in the Town of Osceola and vicinity, but was easily controlled with quinine and phenacetin. When complicated with other diseases it proved serious and in some cases fatal. In my own case, which was complicated with bronchitis, I was confined to my bed and room for nine weeks. Near the commencement of my attack, the left side of my face became paralyzed. I do not know that la grippe caused it, but am of the opinion that it did. It is the experience of several physicians that paralysis accompanied the diseases.

[*To be continued.*]

Continued Malarial Fever.

BY E. G. EPLER, M. D., FORT SMITH.

[Read before the Sebastian County Medical Society, October 21, 1890.]

Through all ages and in all climes the subject of fever has probably been a most interesting source of debate. Volumes have been and may yet be written concerning it, so great and important are the interests involved. So much has been said and so great has been the research into this matter, it is not to be expected that anything new or startling may be presented tonight. I hope by arousing an earnest discussion of the subject of continued malarial or typho-malarial fever, to elicit facts that may elucidate some of the knotty problems involved in this question.

A careful review of the death records of Fort Smith for the last eight years reveals the fact that 209 out of a total of 1309 deaths from disease, or 16 per cent., were due to fever. Of the 209 fatal cases of fever recorded, 38 per cent. were

classed as continued or malarial, 18 per cent. as typhoid, 24 per cent. as typho-malarial, the remainder as intermittent, remittent, congestive, pernicious and malarial complications. A fact worthy of note is that such a large per cent. of the cases of continued fever did not present symptoms to warrant the diagnosis of typhoid, but were of the mixed type.

With such a death record as the above before us, no excuse is needed for presenting this subject tonight.

Is typho-malarial or continued malarial fever due to the same miasmata as the periodic fevers? Is it typical typhoid? Is it due to the specific causes of typhoid and the malarial fevers acting at the same time on a body, or to an offspring of the two? Or is it an affection, *sui generis*, not yet recognized as such, are questions of the greatest importance.

Classification of the essential fevers has been a stumbling block to writers and teachers of medicine for thousands of years. Long and bitter have been the disputes regarding the relative value of the various nasalogies devised. One system after another has become popular through the fostering care of some powerful leader, and finally has fallen into desuetude before the newer and more attractive.

Notwithstanding the research, the controversies and accumulated experience of many centuries, not one of the continued fevers as we now know them was isolated and described as a distinct affection until the eighteenth century. During this period typhus was separated from the general class, fever. The term "typhus" had been used for thousands of years to denote a depressed state of the mental faculties, but not as the name of a specific disease. In the latter part of the eighteenth and first quarter of the nineteenth centuries, such writers as Goode, Armstrong, Miner and Tully isolated typhus fever as such, indicated its aetiology and described its symptoms. As early as 1762 Wagler and Roeder described an inflammatory form of fever as mesenteric, in which the mesenteric glands were enlarged and softened and the intestinal mucosa ulcerated. This observation was ignored for half a century, when Bretonnean brought the same disease prominently

before the profession. Later, Chomel and Louis, by careful research, demonstrated typhoid fever to be an affection distinct from typhus, presenting characteristic anatomical lesions. A bitter struggle ensued. Watson and N. S. Davis, with others, as late as 1855, maintained that typhus and typhoid were varieties of the same disease, just as simple, anginose and malignant cases of scarlet fever are varieties of scarlatina. Bartlett, Wood and Flint ably seconded Louis. After fifty years' contention among the leaders of the profession, typhoid has finally been classed a distinct disease, of specific aetiology and definite course. Yet today the error that typhus and typhoid are one and the same affection is perpetuated by the use of the terms typhus mitior, typhus abdominalis and typhoid. As we behold the clinical pictures of these diseases so clearly depicted in our text-books, we wonder at the lack of perception on the part of our predecessors. It seems almost incredible that keen and learned men could be so blinded by systems, terms or prejudices.

As the adjective typhus became a substantive, indicating a specific affection, so, too, has typhoid, an adjective meaning similar to typhus, become a noun indicating another specific disease. More lately the same stem, "typho," has been compounded with malarial, forming the word typho-malarial, retaining in this combination its qualifying force. This term is as confusing to the medical profession today as its congeners were in times past. Possibly the same process of differentiating diseases will continue, and after a longer or shorter period of contention, a new disease may be fully recognized, or rather an old acquaintance may be honored with a new and distinctive title.

Our successors, perhaps, we, ourselves, may say in days to come, how blinded by prejudice and dogma were the physicians of the nineteenth century! How prone were they to confound or misapply terms! How great was their allegiance to pet theories! History may repeat itself in this matter of typho-malarial fever. Let us profit by the past, and, if possible, remove the scales of prejudice from our eyes, consider the

facts revealed at the bedside and in the laboratory, and make our deductions accordingly. Thereby we may avoid the errors of our predecessors.

Wood, writing in 1845, says: "As to the nature of typhoid fever we are in the dark, as we are in relation to all the essential fevers." Light is dawning. Knowledge of disease is much more precise than it was fifty years ago. The present era is pre-eminently one of research and experiment. The prevailing tendency is towards a specialization. Specific causes of disease are sought for. Specific effects are ascribed to them. Pathological changes are expected to be definite and characteristic; *e. g.*, relapsing fever, first recognized as such in 1844, is known to be due to the spirillum abermereri. Typhoid fever has been found to be caused by the bacillus of Eberth, a microbe that inhabits the small intestine chiefly and produces there its characteristic effects. Aptomaine, a product of this bacillus has been discovered in typhoid stools and isolated by Brieger. This substance causes typhoid symptoms when administered to animals. A peculiar and definite anatomical lesion, inflammation and ulceration of the solitary and agmiriate glands of the intestine is held to be as characteristic of typhoid as the pack is of variola. (A specimen of an inflamed Peyer's patch was exhibited.) A bacillus has been found in typhus. The bacilli found by Gourmasi Crudeli and the plasmodiac malarial of Laveran are considered the causes of the periodic fevers, etc.

As a result of such progress fevers are classed according to their aetiology, symptoms and pathology.

Accepting this as the most scientific method of classifying the essential fevers, we find that the old question as to the possibility of change in type of fevers has dwindled into comparative insignificance. We hold that specific causes will produce specific effects, varying somewhat according to the activity of the toxic agent, the susceptibility of the patient and his surroundings. If we fail in a certain case of fever to find the effects commonly ascribed to a specific cause that we presume to be acting, we are in error in our diagnosis or the case is re-

markably anomalous. Theoretically this would seem correct. Practically, we often meet cases of fever in which the symptoms do not indicate the action of any known specific cause. We are often in great doubt as to the diagnosis. To avoid confusion and distrust, as the fever advances, we are prone to aver that remittent changes into typho-malarial, and as the patient sinks the disease merges into typhoid, a practice that lulls suspicion on the part of the patient's friends and deceives the physician himself. According to the doctrine of specific causation of disease, however, there is no change in type. What was typhoid at the end was typhoid in the beginning. As long as we are dealing with typical cases, theory and experience go hand in hand. The difficulty is to rightly class the mixed and indefinite types of fevers. Writers and practitioners differ greatly in their methods of accounting for these forms of fever. Each theory may be supported in a measure by evidence deduced from practice and be proportionately strong.

Typhoid is a term used to indicate a depressed state of physical and mental powers observed in several ailments, especially in typhus and typhoid fevers. A number regard typho-malarial fever as a periodic fever in which the typhoid state has supervened. In this sense typhoid is strictly an adjective. The condition indicated in not true enteric fever any more than is the same state in pneumonia or septic fever. Undoubtedly certain cases of periodic fever may assume the typhoid appearance. Such an explanation does not hold in the great majority of cases of so-called typho-malarial fever.

On the other hand many assert that there is in these cases no malarial element whatever; that they are simply a typical typhoid. Probably mild cases of typhoid have been called typho-malarial. For my part I fail to find the symptoms of enteric fever, excepting the continual temperature. Nor do I believe that experience and observation will sustain the theory that typho-malarial fever is ordinary enteric fever.

A compromise of these notions has been brought forward. It is the theory first advanced by Woodward, that the specific

germs of typhoid and the periodic fevers have produced a third, a cross, that may cause a fever that resembles in a measure both typhoid and the periodic fevers, a hypothesis abandoned generally, I believe.

It is held that where there is malarial toxæmia the essential cause of typhoid, the bacillus of Eberth, may find a soil unfavorable to its full growth, and the production of its characteristic effects, just as plants and animals when removed from their natural habit to uncongenial regions change greatly in physical properties. Indeed, we find ananalogous change in the bacillus of Eberth during artificial growth. In beef tea the germ grows and produces typhotoxine, a definite alkaloidal substance, just as it does naturally in the intestine. When planted in a solution of peptone the germ develops just as well as in beef tea, but does not produce the ptomaine typhotoxine. It seems quite possible that the malarial germ or its effects may alter the cause of typhoid fever by interfering with the growth and products of the bacillus of Eberth. This may seem a fair hypothesis. There are many difficulties in the way of accepting it. It is not shown how the malarial germ interferes with the typhoid bacillus, if it does so at all. It would seem that when the malarial germ is overcome by quinine, the typhoid germ would produce its characteristic effects. This is not the case.

In the Bermudas the intermittent and remittent fevers never occur, but the mixed form is frequently observed. What influence alters the course of typhoid under such circumstances? It is certainly not malaria or its effects. Granted that this is the true explanation of this type of fever, the resultant of the action of the two toxic agents, differing greatly from both typhoid and the periodic fevers in course, symptoms and fatality, deserves consideration as a separate affection and some distinctive title. It is believed by others that we are beginning to recognize the fact that a specific fever exists that heretofore has been confused with other forms, just as our predecessors classed typhus, typhoid, relapsing fever, together. Further investigation may prove the proposition to be true.

There are certainly very good reasons for so regarding typho-malarial fever.

I have reported that 62 per cent. of fatal cases of fever, rated as continued, did not present distinctive symptoms of typhoid. In comparing the death records with the meteorological reports for the corresponding years, I noted that the number of typhoid cases varied with the range of the summer temperature, and with the growth of the population. On the other hand cases recorded as continued malarial fever varied almost according to the population. Those recorded as typho-malarial cases were more irregular in occurrence, as shown by the table. Why the great variation in the number of typhoid cases in different years, and the almost uniform number of continued malarial fever cases year by year, if the two diseases are one and the same? We may infer that there is a difference in aetiology of the two affections; that the cause of the one is most active under certain meteorological conditions, and that the cause of the other is present always, and exhibits the same virulence year by year. The clinical records furnish positive evidence that the two diseases are essentially different.

Histories of one case of typhoid and two of continued malarial fevers were reported in full, a summary of which is given here:

The first was a mild case of typhoid, mild until aggravated by improper diet. The development of the fever was gradual The temperature range was distinctly typhoid. In the second week ileocoecal tenderness and diarrhœa appeared. The stools were ochre-colored and offensive. The diarrhœa was checked with difficulty. Great prostration, deliriums, coma vigil, flaccitatios subsultus tendirums were present. Patient finally recovered, with a gradual decline in temperature. The second was a good example of continued malarial fever, complicated by a pulmonic affection. Beginning as a tertian intermittent, the fever became continuous. There was delirium at times None of the characteristic symptoms of typhoid appeared. The range of temperature was not that observed in typhoid, nor in remittent fevers. The beginning and termination of the

fever were characterized by great fluctuations in the range of temperature.

The third case was a representative case of continued malarial fever. Beginning as a tertian intermittent, the fever assumed the continuous type after the second chill, and lasted seven weeks. Once a copious catharsis occurred. Afterwards the bowels were costive. There was no delirium, ileocoecal tenderness, tympanites or other signs of typhoid, though the temperature was often 104-105. Great fluctuations in the temperature marked the close of the fever, at one time 97, at another 103-104.

Other cases of the same general character might be cited to demonstrate the difference, clinically, between these forms of fever. These will suffice, however. It seems evident that in continued malarial fever the typical range of typhoid is not observed. Diarrhœa, copious, exhausting, pea soup like, of very foul odor, is absent; tympanites, gurgling, hemorrhage from the bowels, the rose-colored eruption, mental hebetude, flaccitatio, the peculiar typhoid tongue, symptoms common in typhoid, are absent in the typho-malarial form of fever.

Fevers so different in symptoms can hardly be attributed to the same specific cause unmodified. It is equally confusing to call this fever malarial. This term, rightly applied, signifies the essential causes of intermittent and remittent fevers only. That typho-malaria is distinct from the periodic fevers would seem evident from the following considerations:

1. Typho-malarial fever was first observed in this region about 1876. The true malarial fevers had occurred and presented characteristic symptoms previous to that year.

2. This type occurs in the Bermuda Islands, where the periodic fevers are never observed.

5. Remittent ordinarily lasts one to two weeks. Tpyho-malarial lasts from three to twelve weeks.

6. The periodic fevers yield to quinine readily. The continued malarial does not yield, but seems to be aggravated by this drug.

7. Malarial fevers predispose to continued attacks. Continued fever is said to protect the patient from new attacks.

Hence it seems that this fever may be distinguished from both typhoid and remittent fevers. Before the exact nature of this disease may be accurately determined, we must learn more of its clinical history. We are sadly in need of pathological data. Post mortem examinations should be made and the presence or absence of the characteristic lesions of typhoid be ascertained. Here is a good field for investigation on the part of the general practitioner and medical societies. The matter of aetiology is more obscure and possibly beyond us.

I have come to the conclusion that this type of fever is not remittent, and that if it is typhoid, it is modified beyond recognition.

To designate it, some distinctive title should be used. So many ideas cluster around the word typhoid, the term typho-malarial is misleading. Malarial is indefinite. Long and slow savor too much of the laity. Continued malarial fever is the least objectionable name to give this disease.

The diagnosis is often impossible during the first week. Prognosis is much better than in typhoid.

METEORLOGICAL TABLE.

	Max. Temp.	Abs. Range Temp. Aug.	Total Rainfall.	Typhoid.	Typho Malarial and Malarial		Total Fevers.
1882	101 3	41.3		5	2	6	14
1883	100.3	39.5	46 6	0	5	2	8
1884	104 5	58 4	50 6	2	8	6	18
1885	97.5	40.4	31 6	0	8	12	24
1886	104.5	47.4	35 3	10	4	15	37
1887	103.8	43.7	38.6	9	12	13	38
1888	100.	36	50.9	10	10	12	48
1889	91 2	22 4	43.2	3	3	12	22
Total				39	52	78	209

TREATMENT.

Calomel and soda to keep the emmuctaries active; quinine in the early stages, to try its effects. If the fever does not

yield, it is stopped, It has seemed injurious by deranging the stomach and causing nervousness. Gelsemium and carbolic acid have proven in my hands efficient agents to moderate the fever and subdue irritability. Antipyrine and acetanilid have been of value in reducing hyperpyrexia temporarily. Sponging and the cold pack have been used by me with most gratifying results. In case of heart failure digitalis and nux vomica do good service. Mild diet, mostly liquid, I always order. The salicylate of ammonium I have used, but not with the good results expected of it.

Report of a Case of Resection of Tibia, with Organization of Blood-Clot.

BY M. G. THOMPSON, M. D., HOT SPRINGS, ARK.

[Read at the Fifteenth Annual Session, Little Rock, May 14–15, 1890.]

I have the pleasure of presenting a specimen of bone resected from the tibia, with subsequent organization of blood-clot. I know you are all familiar with the organization of blood-clots, so I will not detain you with a long history of the case, but think it presents some points of interest.

I was called March 1st to see a young man at the City Hospital, aged about twenty-five, with history of syphilis of two years standing. He was emaciated, with large ulcer several inches in length, with indications of dead bone on the right leg, which the attending physician requested me to remove. After the usual routine of shaving the leg, and washing with soap and solution of bichloride of mercury, I applied the sharp curette, removing the granulations and pockets of pus from the ulcer; then rewashed with the solution of bichloride, and wrung out several towels previously soaked in carbolized water and covered the table, and applied one around the foot I then applied the Esmarch bandage above the

knee in the usual way, so as to make a bloodless operation, and proceeded to dissect down the tibia, pushing the periosteum back, trying to find healthy bone, and soon decided that the bone was dead to the ankle joint. So I at once divided the bone with chisel and mallet about six inches below the knee, and prized the entire shaft of the bone out, leaving only the head of the bone in the joint, as you will see from the shape of the bone. I washed the wound well with water sterilized by boiling, and stitched it with cat-gut, including the periosteum as far as practicable, using no iodoform nor solution of bichloride. I then placed a drainage tube in the upper portion of the wound, intending to put one in at the ankle joint, for no other reason than through deference to a time-honored custom, but afterwards decided not to put in one at the ankle as I had the wound well closed.

All the operations I have had the opportunity of seeing had two drainage tubes inserted, one at the upper and one at the lower portion of the wound, just under the skin, and fastened with safety pins, and water allowed to run through these tubes washing out the wound before adjusting the dressing. Now, while I am a great advocate of drainage tubes, I do protest against a tube when trying to organize a clot. I have never seen any good accomplished by the tube, and on the contrary have never failed to see the clot injured in the immediate neighborhood of the tube. I have seen several good operations, in which the results were not perfect in consequence of a portion of the blood escaping through the tube, thus leaving the cavity imperfectly filled with blood, and which otherwise would have resulted brilliantly.

Again, I want to protest against the use of iodoform in the wound after its preparation for the clot, as I saw one clot injured by its use, and I cannot think any good is attained by it. I think it well to use it in the dressings.

Another point I think of interest is this, that at the point where there has been destruction of tissue by ulceration, the complete closure of this part which is necessary to prevent the escape of blood required to form the clot, is better accom-

plished by making a linear incision parallel with the line of the wound on each side and thus bringing the parts into perfect apposition.

My patient had no fever, and my operation was a perfect success, except at the point where I inserted the drainage tube and broke a little of the clot on removing the tube.

On the ninth day I removed the dressings, and found perfect union and shape of the leg, and in twenty days very good motion of the ankle, and if I had not allowed a portion of the clot to escape, one could scarely have discovered the print of the knife on the leg.

In conclusion, I would advise the effort to organize a clot, even under unfavorable circumstances, for I have never seen a failure.

MEMORIAL PAGE.

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WATKINS, W. J., Walnut Ridge 1889
WEST, P. C., LaGrange 1889
WITHERSPOON, J. P., Little Rock 1883

The State Society.

The Work of the Sections.

The officers of the several sections of the society should begin at once to solicit contributions of papers on the topics that belong to each. No time should be wasted because the society will not meet for several months. Those whose duty it is to prepare the work for the sections will find that the society mostly contains two classes of members—those who were asked to prepare papers so long ago that they have forgotten all about it, and those who were notified so late that they have not sufficient time to prepare them. The only way to reach both classes is to commence early and continue late to notify them of the part they are expected to take in the final programme. Too much cannot be said in praise of that other, though small class, composed of those who, at all times and under all circumstances, willingly lend their assistance without causing the officers as much work to get them to do their duty as it would require to perform the task for them.

Those who promise to prepare papers ought to do their best to fulfill their obligations. It causes unnecessary labor, annoyance, inconvenience and confusion when the complete programme is arranged, so that there will be a time for everything and everything in its time, and then, on account of the indifference of some member, or members, have the whole thing upset.

The officers of the society and of the sections should not be expected to do more than any other members. The membership in the society and the performance of duties expected of members is entirely voluntary, and that is a most excellent reason why there should be rivalry between individual members to see who will perform best the work for their hands to do.

County Societies.

[The proceedings of County Societies are requested for publication in this department.]

Sebastian County Medical Society.

THE PRESIDENT, J. W. BREEDLOVE, M. D., IN THE CHAIR—STATED MEETING OCTOBER 21, 1890.

The meeting was called to order by the President, Dr. J. W. Breedlove, and Dr. E. G. Epler, appointed at the last meeting to lead the discussion on

"CONTINUED MALARIAL FEVER,"

read a paper (see pp. 209–218) upon that subject.

DISCUSSION.

Dr. Hynes: I have seen some cases of typhoid fever, but it is rare. Statistics may be wrongly influenced by doubtful diagnosis. Ordinarily our cases are continued malarial fever and lives are lost by over use of antipyretics, which, while they reduce the fever temporarily, do it so rapidly as to increase the already existing asthenia. If quinine was given more, though in tonic doses only, if in a given case the indications are thus best met and the idea of supportive and stimulating diet be put more to the front, cases of heart failure and death would be less frequent. Milk is in my opinion the most useful diet where it can be borne, and I have found that by sterilizing it is frequently borne when otherwise it would be rejected. Salicylate of ammonium has proved very useful in my hands and I combine strychnia with it frequently.

Dr. Moulton: In the eastern country typhoid fever is more common than in the west where malaria is prevalent. I watched many cases of typical typhoid fever in a hospital in Chicago and afterwards went west where there had previously been no typhoid fever. During five years of general practice there I saw many cases of typho-malarial fever, but only one

single case of typical typhoid. The continued type prevalent showed some typhoid symptoms, but quinia was of great benefit. I believe in time these fevers will gradually give place to more typical typhoid.

Dr. Southard: In the so-called typho-malarial fever we have as a rule constipation, which argues very strongly against the existence in the bowel of the essential lesion of typhoid fever. On the other hand, "typho-malaria" does not yield in any notable degree to the effects of quinine, which we recognize as the true antidote for malaria. Why, then, should we conclude that it is a product of the combined action of the germs of typhoid and of malarial fevers, and call it typho-malaria? If the malarial germs were present and active, I think we might very reasonably expect to paralyze if we did not destroy them within the first three days by thoroughly cinchonizing our patients, and that the disease would then be modified or cured, in proportion to its dependence upon the malarial element or germs, but in truth quinine has no effect of this kind. On the contrary, our patients continue to have, not typhoid, but the same slow fever, which has continued from the beginning, and if quinine be continued longer, it does harm rather than good. I agree with the author, that this disease is deserving of a more appropriate title than the misleading one of "typho-malaria." Salicylate of ammonium controls it better than anything else I have ever tried.

Dr. Thompson: I agree with the author as to the difference in type between typhoid and typho-malarial fevers. I have not seen a case of typhoid fever since I came to this place. I do not think the specific poison of typhoid exist in the typho-malarial fever as I find it here. The pathognomic symptoms of typhoid are not present to any extent. The temperature range is much greater than in typhoid, frequently running above 106° Fahrenheit, in mild cases, and the tyniponites is not more than would occur from the gastric irritation from medication. The typho-malarial fever we have here resembles the mountain fever we have further west more than any other form of fever I have met. I think the two identical.

The stenographer failed to get Dr. Gardner's remarks verbatim, but in substance he said that he had been able to cure the cases of fever he met with here excepting one case, and excepting typhoid fever, within from three to seven days by giving full doses of quinine. He thought doctors often failed to get the therapeutic effects of this drug, either because they give too little of it, or else it was not assimilated, when given, by the stomach. In such case, it should be given hypodermically.

Dr. Hatchett: I believe in the germ theory of disease, and especially so when related to malaria and typhoid. The germs of these two maladies have both been demonstrated, and I see no good reason why the two should not exist in the blood at one and the same time, nor am I able to see a good reason why the one should not be eliminated and the other remain to produce its characteristic results. These results of the one poison may in some manner be modified by the conjoined action of the other, or the former existence of the other poison. I believe we have true typhoid fever in our section of country, produced by the typhoid germs, but certainly in a much more benign form than in our sister States further north, and I believe we have typhoid fever with malarial complications, just as we have other forms of disease so complicated.

Gentlemen speak of typical forms of disease in one climate, and give to them names, then when they emigrate to another climate and find diseases resembling, but not in exact conformity with their old acquaintance, they are wont to believe in a different aetiology and a new christening—not recognizing, in my opinion, the same aetiological factor operating with different surroundings, and under quite different circumstances. I believe the name typho-malarial fever a good one when it carries with it the idea of the existence of both specific germs, but I believe it inapplicable to our long-continued malarial fevers, many of which assume a typhoid state, using the word typhoid in the sense of an adjective.

Dr. Wright: I wish to thank Dr. Epler for his excellent paper. I have seen typho-malarial fever on the mountains many thousand feet above sea level run a six-weeks course. In my experience, where large doses of quinine were given, the death rate was very large. I believe Dr. Gardner will find deleterious effects from quinine when he meets with such cases. We had undoubted cases of typhoid fever here during the war, but I have not seen a case lately. I have sometimes thought I have seen cases beginning as a remittent, afterwards assume more of a typhoid nature, but I have rarely or never seen such cases present the enteric symptoms of true typhoid fever. Again, I have seen cases of so-called typho-malaria where neither malarial nor typhoid fevers pure and simple occurred. I have sometimes asked myself the question, whether in cases presenting the usual symptoms of malarial remittent, and afterwards running into a continued form, we do not by the exhibition of quinine, cure the remittent and remove the malarial element, while the typhoid poison goes on to produce its legitimate results, modified in some unknown way by the presence in the early stage of the malarial germ, or by the treatment, or by both of them.

Dr. Eberle: The doctor has presented us an unusually well-written paper upon a much vexed-question. I believe in typho-malarial fever as an entity as far as the disease is concerned, but I do not think the name altogether a fortunate selection. A gentleman, whose interesting paper I read some time ago, proposed "*adynamic fever*" as a more appropriate title, and while the objection to the word "adynamic" holds good as far as the fact is concerned that it does not specifically qualify this fever, either in its aetiology or pathology, still I think it would be preferable to the one already chosen. This fever is called by a number of different names even within the limits of a single State. In one county the physicians considering it typhoid fever so designate it; in an adjoining county, it is considered a continued malarial fever and so termed. It is called "slow fever" in many country districts. I consider it is identically the same fever as the so-called

"mountain fever" of the high altitudes. There is one point, however, that I am fully satisfied of, and am disposed to lay particular stress upon, and that is that malaria is not a prominent factor in its cause, and if it is to be designated by either of the names, it should be called typhoid in preference to malarial fever. That it is not malaria I think is proven by the fact that it does not prevail chiefly where malarial is most rife, that it does prevail where malaria is unknown and is uninfluenced by anti-malarial treatment. Its resemblance to typhoid fever is closer, it is confined to youths and middle-aged persons, it continues for almost a definite period; delirium, diarrhœa, etc., are occasionally present, yet the prominent symptoms of typhoid fever are so generally absent that I think it cannot be that affection. Two decades ago this fever was not known in this section, but shortly after I begun the practice an occasional case appeared first in the city, afterwards in the country, and there has been a gradual increase since then. Of course some years we have less than others, but in the main there has been an increase. I concur in the plan of treatment generally adopted, except I do not think it necessary to restrict the patient to an exclusively mild diet. I find that many people sick or well do not like it, and take it with reluctance, while they would take and relish soups and light solid foods, and without the danger of sitting up a troublesome diarrhœa that is ordinarily thought to exist by the profession.

The President: GENTLEMEN—The hour being late, I will be brief. I heartily join in commendation of the paper and indorse, in the main, the views of the author. The description given by army surgeons and others practicing in the mountain regions of the west, of a fever prevalent there and called mountain fever, suggests to my mind a marked resemblance to the disease under discussion tonight. As stated by Dr. Thompson, an experience of twelve or fourteen years has failed to convince me of the efficacy of quinine in shortening the duration of the fever or in favorably modifying its course. I believe that in many cases it has a prejudicial effect upon the

digestive organs, which, for obvious reasons, should be avoided as much as possible. In the fall of 1881, in Greenwood, the disease assumed an endemic form, about one-tenth of the population having been attacked, while but few cases occurred in the surrounding country. I do not remember to have met with a second attack in a single instance. A large majority of the cases occur between the ages of 15 and 30 years.

Dr. Epler—closing: The prevailing opinion seems to be that a distinct type of fever, as typho-malarial, exists. Dr. Hutchett believes it to be either typhoid or malarial, or both. I will ask him: If this is typhoid fever, what alters the action of the specific cause of typhoid, the bacillus of Eberth?

Dr. Hutchett: We do not know. The malarial poison may modify it.

The society then adjourned.

J. D. Southard, M. D.,
Secretary.

Arkansas County Medical Association.

Arkansas County was the first mentioned when the calling of the roll of counties was begun in the September number of the Journal. It was hardly to be expected that the familiar (to old soldiers at least) "present or accounted for" would be heard so soon, but here it is, and shows the County Society organized and ready for "inspection":

Stuttgart, Ark., October 7, 1890.

To the Editor: After a long, persistent effort we have succeeded in getting enough physicians together to organize a County Association. To say that we have opposition to contend with will but feebly express it; but we hope the day is not far off when all the doctors will unite with us in the Arkansas County Medical Association.

We elected J. H. Hutchinson, M. D., president; myself secretary, and W. H. Gibson, M. D., treasurer.

We have just received the October number of the JOURNAL, the first we have seen, and it is a beauty. Long may it live and prosper. I read the notice in it to the Arkansas County doctors, in regard to organizing a society, and I am glad to report to you in reply to the article our organization.

I would be glad to have you send me any printed matter pertaining to county societies that you have that would be of any benefit to us, such as constitutions and by-laws, etc.

Our next meeting will be November 29. After that I can give you the membership.

If you will send me twenty copies of the JOURNAL, November issue, I will take pleasure in distributing them at our next meeting to the doctors.

C. C. STEPHENSON, M. D.

Roll-Call of Counties.

CARROLL COUNTY is next in alphabetical order. In 1889 there was a society in that county called the Eureka Springs and Carroll County Medical Society, and a year previous a delegate was sent to the State society at Fort Smith. Since the report above referred to, nothing has been heard from that county relating to medical matters. On account of the coming and going of doctors and patients at health resorts, the changeableness of population, and of the professional relations between the different physicians, it has seemed in the past to be difficult to keep up professional organization. Hot Springs, which presents the most difficult professional problems for solution, has a good society, though, considering the large number of physicians there, the membership is small. There are at least five eminent physicians at Eureka Springs, any one of whom can answer for Carroll County.

CHICOT COUNTY? Years ago Chicot contained several fine physicians, who took some interest in medical organiza-

tion to the extent of belonging to the State society, though they rarely attended its meetings. A county bordering on the "Father of Waters," and having interiorly the prettiest body of water in the State, surrounded by a rich agricultural country ought to support several physicians and in such style as to enable them to spare the time and money to occasionally attend a meeting of their county association and one of their number to go to the annual meeting of the State society. The hope is expressed that notwithstanding the deaths, removals, changing of county lines and river channels there yet remains in old Chicot a physician to answer to this roll call.

The Little Rock Medical Society has had two meetings, when the essayist neither came nor sent excuse. At the last meeting that good Samaritan and medical society benefactor, Dr. Edwin Bentley, in the absence of the regular essayist, read a short but very suggestive paper on rest as a therapeutic agent. Dr. Bentley's paper was, as he stated, intended only to open the debate. It certainly had the desired effect and the members who attended were well paid for their presence. From the way a large number of members habitually absent themselves from the meetings of the society and the essayist disappoints those who attend, it is evident that they are strong advocates of rest in health, if not as a therapeutic measure.

Pharmacy.

[Devoted chiefly to the interests of the Arkansas Association of Pharmacists, under the direction of their President, Mr. W. W. Kerr, Batesville, Ark., to whom all communications relating to this department should be addressed.]

A Pharmacy Law.

Now that the election is over, the excitement consequent upon the heated campaign which preceded it, cooled down, and the complexion of the Legislature fixed, the time has come to inaugurate another campaign, in which the druggists of our State will be called upon to act a leading part. It is the campaign in the interest of a pharmacy law. We say it is one in which the druggists will play the leading part. By this we do not mean to say that it is a campaign wholly or chiefly in their interest, but one which they must lead, simply because all such legislation must have a prime mover, a leader, and they, by reason of the fact that they are more deeply impressed with the necessity of such a law, by daily witnessing the evil effects of its absence, are the proper persons to move in its behalf. It is essentially a movement for the good of the people at large; for their protection against the ignorant, illegitimate practice of pharmacy. The only thing to be gained by the druggists is the purification and elevation of their profession, for which they are certainly to be praised rather than censured.

We further desire to impress the fact that this is not the work of the Arkansas Association of Pharmacists; at least not more so than it is the work of other members of the guild. If that organization has been more prominent than others, it is only by reason of the fact that as it is the only representative organization of the professiou in the State, it has felt called upon to take the initiative. The work must be done by the druggist, all over the State, regardless of their membership in that institution. If it has a committee on legislation, it is only that there may be a central head to utilize the forces and

direct the movement in a systematic way, so that there may be no confusion. A draft of a pharmacy bill has been prepared in the light, not only of similar laws in other States of our Union, and eight years' careful study of the needs of our State in this direction, but of the objections which were urged against a similar bill which was presented to the Legislature two years ago, and it is believed that, while it is by no means perfect, it will answer the desired end as nearly as any which we can hope to have passed. The bill was published in the September issue of the Meyer Bros.' Druggist. We commend it to the careful consideration of our druggists, and ask for it their hearty co-operation and support.

Counter-Prescribing.

We do not intend to inflict another article upon our readers on this already over-ridden subject, but simply to call attention to what seems to us a rather unique remedy for the evil which we have noticed in a recent issue of one of our most prominent pharmaceutical journals. It is in the shape of a favorable editorial comment upon a work recently issued, and advertised elsewhere in the journal, entitled, "A Medical Manual for the Treatment of Simple Diseases." The object of the book seems to be to meet a law—to dodge a law would be better—which exists in some States against druggists prescribing across the counter, and fixing severe penalties for its violation.

The plan, in short, is that while druggists cannot prescribe, they can sell anything called for by their customers, and so one of their number writes a book telling the people what to call for for the prevention and cure of "simple diseases," and sells them to other druggists for distribution as an advertising scheme amongst their customers, thus remedying the evil by increasing it, upon the principle, we presume, that the "hair of the dog is good for the bite." Editors, we believe, are ex-

pected to "puff" their advertising patrons, and so we were disposed to regard this complimentary indorsement, but when we turned to this particular "ad." and saw that the same name was signed to it which appears at the head of the editorial columns of the journal as "manager," the light began to dawn upon our darkened understanding, and—we felt better.

Pharmacy Legislation.

AN ADDRESS TO ARKANSAS DRUGGISTS.

LITTLE ROCK, ARK., NOV. 1, 1890.

To the Druggists of Arkansas:

Do you desire the enactment of a fair pharmacy law in this State? Such a law as will put the pharmacists of Arkansas *en rapport* with the profession in every State of the Union save perhaps four? Such a law as will in the future debar unqualified persons from assuming the responsible duties of manufacturing and dispensing druggists in this State?

If so, will you aid in the laudible undertaking of securing such legislation by the approaching General Assembly.

A bill, very liberal and moderate in its provisions, has been prepared by a committee of the most practical druggists of the State, and has been carefully revised by competent legal authority. This bill was published in the September, 1890, issue of Meyer Bros.' Druggist, and it will be supplied to any applicant by addressing the undersigned at Little Rock, Ark.

This bill will be presented to the Legislature at its approaching session, *and can be passed* if proper representations are made to the Legislature by the friends of progressive pharmacy, and by the greatly interested people of the State. *Will the druggists of the State aid in this matter?* If so,

HERE IS THE WAY TO HELP.

Appended to this report will be found a form for a petition which should be copied on legal cap paper and presented to

all intelligent citizens for their signatures. The petition should be either made in duplicate, or a full copy prepared and sent direct, both to the Senator from your district and to the Representative from your county. In order to prevent confusion in the work, Mr. H. L. Moone, of Newport, has assumed the onerous duty of securing the services of one (or more) druggist in every county of the State to write up the petitions and canvass for signatures, but do not wait for this longer than Christmas. If by that time no one has begun the work in your locality, let the oldest druggist of every town in the State, consider himself appointed to do the work or have it done as above explained, and get up a large petition from all sections of his county, forwarding it as suggested.

TOO MANY PETITIONS CANNOT BE FORWARDED.

Please preserve this JOURNAL, as well as Meyer Bros.' Druggist for September, for future use.

Now, brethren, for one more "long, strong, all-together" pull for the honor of our profession, and for the benefit of the people of Arkansas.

Yours respectfully,

JOHN B. BOND.

. , ... 1890.

To the Hon. , Representative to the General Assembly of Arkansas, from County:

SIR—The undersigned, citizens of County, are of the opinion that our State should have, without further delay, a wise, moderate and fair law regulating the privilege of manufacturing and selling medicines in the State of Arkansas.

We, therefore, respectfully ask you to use your influence for the passage of such a law by the General Assembly of the State, to the end that our people may enjoy the protection afforded the citizens of nearly every State in the Union, through such legislation.

We further ask you to present this petition for that purpose to the General Assembly.

Yours respectfully,

The following formulas are recommended in the Western Druggist for piles, the first for external and the second for internal tumors:

℞.	Chrysarobin,	gr. 12
	Iodoform,	gr. 5
	Ext. belladonna,	gr. 10
	Petrolatum,	oz. 3

Make a salve.

℞.	Chrysarobin,	gr. 12
	Iodoform,	gr. 3
	Ext. belladonna,	gr. 12
	Cocoa Butter,	gr. 150
	Glycerine,	a few drops

Make ten suppositories, one to be used night and morning.

We publish elsewhere a stirring address from the chairman of our Committee on Legislation to the druggists throughout the State, suggesting a plan for co-operative work upon their part in behalf of the pharmacy bill. We would venture to suggest, in addition, that the druggists in each county call upon their Representatives and Senators-elect personally, and urge them to support the measure when it comes up before them in the Legislature, and to inform Mr. H. L. Moone, Newport, Ark., as to their probable action. It would be a good idea, too, to secure the assistance of their local newspapers. The press is a powerful engine, and if it could be hitched to this bill it would aid materially in pulling it through.

We expect to devote a large amount of the space at our disposal during the next two months to matters connected with the proposed pharmacy bill, and our only apology for it is the supreme importance of the subject at this particular time, when what is done in the direction of pharmacal legislation must be done.

The Committee on Legislation of the Arkansas Association of Pharmacists is composed of the following members: Dr. John B. Bond, chairman, Little Rock; David I. Mills, Pine Bluff; H. L. Moone, Newport; F. G. Kerr, Van Buren; Fred W. Bush, Benton. A meeting of the Committee was held in Little Rock on the 25th of September last, at which all the members were present except Mr. Mills. A big day's work was done, and we predict that our druggists will be able to look joyfully back to and celebrate it as their professional emancipation day.

For a Common Cold—

℞. Salicylic acid, gr. 20,
Sol. ammon. acet., dr. 4
Syrup, dr. 2

Take at one dose and repeat three or four times in twenty-four hours. This treatment, according to Dr. S. Wilson Hope, will so far control a common cold, that aching of the brow, eyelids, etc., will cease in a few hours.—[Western Druggist.

The Dixie Doctor as quoted in the Druggist Circular says: "When we remember how many times each day, human life is in the hands of the druggist, it is indeed astonishing how few mistakes are made. When an error does occur, it is heralded over the country as a dreadful thing, while no mention is made of the thousands and thousands of prescriptions that are accurately filled. Our drug friends do not get proper credit for their carefulness."

Sodium Salicylate as a Cholagogue—"Dr. Stiller (Medical Standard) claims that sodium salicylate exerts a decided influence on the liver and kidneys when given in an alkaline vehicle."—[Western Druggist.

Antipyrin Dangerous in Typhoid Fever—Dr. Jeffrey, Richmond, Va., is reported in the Medical Review as having found that in typhoid fever, antipyrin reduced the temperature for the first few days, but afterward had no effect. He thought the drug too depressing to be safe, and that it did great harm in suddenly reducing high temperatures, thus obscuring the true nature of the disease.—[Druggist Circular.

The Mississippi Valley Medical Association had a splendid meeting at Louisville last month. The next meeting, October, 1891, will be held in St. Louis, under the presiding of Dr. C. H. Hughes. The general officers, the committeemen, time and place of meeting, all considered, will cause feelings of great disappointment to those who will be unable to attend.

Messrs. Gannaway Bros., formerly of Hot Springs, have removed to Fort Smith, where they have opened one of the handsomest drug stores in the State. Both of the gentlemen being thoroughly competent, attentive and energetic business men, we predict for them the success they so justly deserve.

Mr. E. M. Hall, that old reliable and most successful druggist of Arkadelphia, was married recently to Miss Lillie Miles of the same place. It was not only an agreeable surprise to Ed's friends, but to the contracting parties themselves.

The flood at Hot Springs on the night of September 22d did considerable damage to several of the drug stores there. The Parlor drug store was the worst sufferer.

Miscellany.

DEAR DOCTOR: As you journey along the highways and meet all classes and conditions of men, stop a little while and note the relation the individuals of each class you meet bear to organization. The President of the United States who is now traveling through the country and receiving the plaudits of the multitude, is a lawyer and member of the American Bar Association and of the State Bar Association of his own State, and all his ministers are members of organizations peculiar to their occupations. The great railway magnates have an organization; in fact each one belongs to a number, but all having the same main object—to improve their property and increase their earnings. The railway superintendents, the conductors, the baggagemen, the engineers, the firemen, machinists, have their societies, and even the humble and lowly gentleman with red flannel shirt and hip breeches who stands with spade in hand as the train passes, and shovels dirt and keeps his mouth shut at others times from 7 a.m. to 6 p.m., is a member of a labor organization. The minister that preaches to you is a member of a conference, a presbytery, an association or council. The farmer that employs you is a member of the alliance or agricultural wheel; the laborer in the farmer's field is a Knight of Labor. The carpenter, the plasterer, the printer, the plumber and in truth, every man you meet in a year's journey belongs to some association having for its object the advancement of their respective occupations in general, and the members individually. Now you may find a number of physicians, particularly if your travels are limited to Arkansas, who are not members of any medical organization, and who take but little or no interest in such matters, but you will observe that they are at the mercy of all of the other classes that are organized. Think of this seriously and see how far-reaching it is getting to be. Don't you see that the great railway corporations have for a long time been dictating their own terms to doctors? Don't you observe that the employes of each man-

ufacturing concern are organizing and assessing their members so much a month, and employing one doctor to do the practice for the members at the rate of five or six dollars a year for each? Don't you discern that the benevolent and insurance societies are doing the same thing? In a word, my dear doctor, can't you see that if this thing goes on much longer, except in the most sparsely settled part of the country, each organization will have its physician just as the churches do now, and it may be that, for the sake of economy, the office of association physician and surgeon will have combined with it several other duties?

And, in conclusion, can't you plainly see that the remedy for these practices, which are daily growing more powerful against your profession, is to be found only in thorough organization? And if you do see it in that light, won't you lend a helping hand to your professional brothers who are doing what they conceive to be their duty, by organizing a society in your county, or if that is not feasible, join the society that meets nearest your place of residence?

"A WELL-EQUIPPED ELECTRIC ROAD," President Lewis, of the Brooklyn City Railroad, is reported as having said recently, "will add two million dollars to the taxable property of Brooklyn." He might have added, and an increased expectation of human life, if reduced to a monied value, of more than two millions more. For it will do away with numerous great stables of filth and many tons of manure dust, which promote the rise and spread of fatal diseases throughout the city.—[The Sanitarian.

In this connection it may be stated that Little Rock will shortly have one of the best-equipped electric street railways in the United States.

Personal.

Dr. W. B. Barner, who came to Little Rock last spring and associated himself with Dr. Wm. Thompson in the practice of medicine, has concluded to return to his former home, Nashville, Ark., and the co-partnership has been dissolved.

The name of Dr. H. Moulton, of Fort Smith, was unintentionally omitted from the list of members, as published in the September number of the Journal.

Dr. S. King, of Hope, Ark., has concluded to come to Little Rock and locate. He will arrive shortly.

Dr. J. J. Robertson was recently appointed county physician of Pulaski County by Judge Jacob Erb.

A. A. Gibson, one of Hope's pill rollers, was elected Judge of Hempstead County at the last election.

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No. 111 E. Fifth Street, Little Rock, Ark.

All members of the Society should send their annual *dues* to the *Treasurer*, A. L. Breysacher, M. D., No. 121 W. Second Street, Little Rock, Ark.

Volume I. DECEMBER, 1890. Number 6.

Editorial.

The Committee on Medical Legislation.—This committee for the present year is mostly composed of those who have had ample experience in matters relating to medical legislation. There is not one of them who desired the position, and who would not be glad to be relieved of the duties pertaining thereto. It is not at all encouraging to contemplate the future through the experiences of the past, except in so far as it is consoling to feel that the medical profession has done its duty, and is in nowise responsible for the crimes that are being daily committed by persons holding licenses from the State which enable them to commit deeds under cover of law that they ought to be summarily punished for if there was no medical law for them to get behind.

Drs. D. A. Linthicum, R. G. Jennings, Edwin Bentley, J. G. Eberle and W. W. Hipolite are the members of the committee, and their names are a sufficient guarantee that the duties pertaining to the committee will be well performed. But their labors can be much lessened if ALL the members of the Society will cheerfully come to their assistance, and on every occasion, in the proper way, try to influence the Representatives to look at the question of medical legislation in its proper light. It is so seldom that either a committee or an individual approaches a legislator without either having sinister motives or having them imputed to him by the latter, that it requires time, perseverance and patience to overcome the inherent prejudice attached by legislators to those who for any reason ask for or suggest legislation. This will have to be a campaign of medical *education* if anything is accomplished in the way of medical *legislation*. Let everything be done by physicians at their homes before the Legislature meets. Go and see your Representatives and talk the matter over with them. Explain the situation in every detail; show that your motives are philanthropic and entirely unselfish; show to them the injuries and outrages that are constantly being done by those who ought not to be allowed, on account of their ignorance, to practise medicine; show that the results are just as bad whether the mischief is done by the ignorant or the criminal; convince your Representatives, as you assuredly can, that your income is not at all affected by the ravages of the pretender and ignoramus. Do all these things as best you may be able, and as it is your duty to do, and the Committee on Medical Legislation will only have to formulate the work on the foundation you have already builded for them. Let the members of the Society engage the assistance of all of their reputable brother practitioners who do not belong to the Society; let it be understood from the first that though the legislation is being asked for by the State Society, it is only doing so as the mouth-piece of all of the regular qualified practitioners of medicine in Arkansas who demand it in behalf of ignorant and imposed upon humanity.

KOCH'S REPORTED DISCOVERY.—So much has been published both in the medical and secular press of Koch and his alleged discovery that every physician by this time ought to know as much about them as has been learned outside of the laboratory of the noted physician and scientist. But the unfortunate part of the matter is that the renowned investigator has let so little be known of his remedy, or to put it more properly, has let anything be given to the public until he had verified his investigations to the extent of being able to state, approximately at least, the position it would be entitled to as a preventative or remedial agent. A short time ago the telegraph flashed across the waters and to the uttermost corners of the earth the news of a wonderful discovery made by one who had labored as arduously, and the results of whose labors up to that time had been almost as beneficial to mankind as those of the man whose name is now on the lips of nearly every humanitarian on the globe. It was with humiliation that the medical profession witnessed the ignoble failure of the vaunted remedy. We can only hope for better things to come from the man who now claims the attention of the civilized world. Whether our hopes shall be realized or not, there is assuredly much in the course now being pursued by Koch and his collaborators to shake the confidence of the medical profession. If he had not completed his investigations or carried them far enough to satisfy himself of their ultimate results, he should have kept silent until that state of affairs had been reached. Nothing has been gained by heralding to the world a *probable* discovery of a preventive or of a cure for one of the most deadly enemies to human existence. If the discovery should prove a failure it will amount to criminal cruelty to the unfortunate sufferers from a class of confessedly incurable diseases, and if its beneficent power shall finally be established, too much honor and gratitude cannot be bestowed upon the benefactor of mankind. While biding our time let us look for a moment at the history of the marvellous discoveries that have repeatedly been made for tuberculosis, and the moment thus spent will be long enough to remind us that every one of them was more potent when first discovered than ever afterwards.

"The Hot Springs Lancet."—Several of the secular newspapers have contained carefully written, seemingly "inspired" notices of the above named medical journal, shortly to appear under the editorial management of Dr. J. H. Leslie. The object of the Lancet, as stated by the newspapers, will be to let the medical profession throughout the world have the benefit of the experience and knowledge of the best medical minds of Hot Springs, as gained by observation of the phases of diseased conditions at the famous health resort. The Journal anticipates the first appearance of the Lancet to offer best wishes and congratulations save and except as to the name selected for the periodical. By the eternal fitness of things it should have been christened the Hot Springs "Urethrotome;" for of all the surgical instruments used at Hot Springs, in season and out of season, in stricture and out of stricture, the last named is most universally brought into requisition by the best as well as the worst hands at the Springs. It is quite certain that no error has been made in the selection of the talented physician who will be the editor.

Original Communications.

Report on State Medicine.

BY A. J. VANCE, M. D., CHAIRMAN, HARRISON.

[Read at the Fifteenth Annual Session, Little Rock, May 14–16, 1890.]

[*Concluded from November Number.*]

"Our diseases in the Mississippi bottom are principally of a malarial origin, with some pneumonia during the winter. Bilious fevers, from June until October, are usually easily controlled, but the later they occur the more malignant the character after producing hematuria. The treatment of this disease

that I have succeeded best with has been mercury, hyp. sul., soda, ergot, quinine and iron, with warm baths."

Dr. J. H. Kithens, of Craighead County, writes: "The prevailing diseases in this county during the past year are malarial fevers, pneumonia, dysentery, diarrhœa and epidemic influenza or la grippe. The malarial fevers have shown a stronger tendency to assume a pernicious form than usual. Pneumonia has been more fatal than usual, owing to being associated with la grippe in most cases. The treatment relied on has been antifebrin, quinine, carbonate muriate and valerianate of ammonia and stimulants, with counter irritants, etc.

"La grippe has prevailed but has not been very fatal, except when associated with pneumonia or some other grave complication. There is one marked peculiarity about la grippe: it seems to paralyze the nervous energies, the prostration being out of proportion to the local complications or the general febrile symptoms."

Dr. S. Reamy writes from Hot Springs County that influenza has been epidemic, which was serious in old people and delicate females, but no deaths. "There was quite a tendency to pneumonia, and in all cases recovery was slow and tedious, a degrees of depression, a lowering of the vital force was well marked in all cases and seemed to go beyond the apparent cause.

"Malvern is surounded by much low and swampy land and is a hot-bed of malaria. We have all the malarial forms of fever here, and pretty much all the year, but more frequent and severe during the hot months."

Dr. P. H. Pendleton, of Lincoln County, reports an unusual amount of sickness—more than at any time since 1876.

The district covered by this report lies immediately on the Arkansas River, a few miles above its mouth, and persons living therein are especially liable to intermittent, remittent and typho-malarial fevers, and malarial hematuria. Last year, such troubles prevailed from June to January. Their continuing into the winter was attributed to the mildness of the

winter, the temperature scarcely falling below the freezing point.

The Doctor says: "Since January 1, I have noted an unusual prevalence of bowel derangements—diarrhœa, cholera-morbus and dysentery, more or less severe.

"This I have attributed, and in some cases have been able to trace, directly to the eating the meat killed during the unusually mild fall and winter, which being but imperfectly preserved, has caused a prevalence of symptoms due, possibly to ptomaine poisoning.

"In the early fall there began in this section an epidemic of scarlatina, the first known since 1872. It was quite prevalent, but of unusual mildness and especially noticeable for a lack of the troublesome sequelar that generally mark this disease.

"There were no fatal cases among the number which reached probably forty cases. The only sequelar noticed were slight œdema of extremities in two cases, which passed off under treatment, in a few weeks, and a suppurative ademitis of glands of neck in a few cases. These cases occurred from September to November, after which latter date, I knew of no more until about February 1, when there were developed at Varner Station several cases of a severe type, marked by severe throat complications and pseudo-membraneous exudation on tonsils and fauces.

"The so-called la grippe, or Russian influenza, reached us about January 15, and prevailed extensively. There was in my section only one fatal case, and this was complicated with pneumonia, in a case suffering with cardiac derangement. Most of the cases were marked with a distinctive asthenia, and required many weeks for complete convalesence.

"Malarial hematuria prevailed, not so much as usual, but of a more aggravated and malignant type, and the mortality was higher than ever known before. Of twelve cases coming under the notice of myself and neighboring physicians, five proved fatal—several within twenty-four hours. Typhoid fever prevailed to an unusual extent during the fall and winter.

"I append below, table based on records kept for the census office of the deaths that have occurred in the northern half of Lincoln County since July 1, 1889:

Typhoid Fever	3	Pernicious Intermittent	2
Tuberculosis	5	Malarial Hematuria	5
Pernicious Remittent	4	Osteo-Myelitis	1
Entero-Colitis	2	Old Age	1
Bright's Disease	1	Mal-Nutrition	1
Cerebro-Spinal Meningitis.	4	La Grippe-Pneumonia	1
Accident	2	Total	32

Dr. Hipolite makes the following additional report under date of May 4th:

"Relative to la grippe, so far as my observation extends, the disease has left its victims with impaired constitutional vigor; in fact I do not know of an instance where the disease was at all severe, that it did not leave a screw loose somewhere.

"This showed itself in various ways in different individuals. It might be a persistent bronchial irritation, severe and often-repeated headache, pains and aches in various parts simulating muscular rheumatism, a muscular tremor by which a good penman, as a book-keeper, found it an effort to write, when he could before write with ease. In some there has followed a furfuraceous desquamation of the skin, and in females, a frequent disturbance of the menstrual functions."

Dr. C. L. Kirkscey writes that the prevailing diseases for the past year have been pneumonia, rubeola, pertussis, typho-malaria and other malarial fevers. That 75 per cent. of the people had influenza, but no serious results from it.

Dr. A. A. Sanford writes from Scott, under date of May 5th: "Health has been unusually good for the last eighteen months. Nothing of interest has presented itself, except a mild epidemic of influenza, which came in the form of dengue. An occasional case had catarrhal symptoms, generally complicated with bronchitis."

In Boone county, during the past year, typho-malarial fever has not prevailed to the extent that it has heretofore, but has presented the usual complications.

We have had the usual amount of remittent and intermittent fevers, but they constitute a small proportion of our sickness.

Mumps has been epidemic during the winter and spring, and metastasis has occurred in a large number of cases in males, causing troublesome orchitis. A corresponding metastasis to the mammae and ovaries in the females has not occurred.

Pneumonia has been observed as a complication of influenza, and also occurs independently. The number of cases has not been greatly increased in consequence of influenza, as has been the case heretofore. The lobular form has prevailed altogether.

Influenza made its appearance about January 20, and has prevailed since that time throughout the county until every home has been invaded and nearly every inmate thereof been a victim. We have had several epidemics of influenza, but the present one has been more severe *per se* than at any previous time, although, as has been just intimated, pneumonia has not occurred so often as a complication. Heretofore the catarrhal form has characterized all cases. In this epidemic the nervous form has manifested itself in a large number, and when it does, there is generally an absence of catarrhal symptoms.

The first well-marked case that came under my observation was in a lady of a nervous temperament. She complained of terrible backache, first, then headache, cold sensations streaking up and down the back, pains in the knees, and in one instsnce, a general boneache; for several days dizziness when standing, general muscular soreness, extreme exhaustion and inability to sleep at night.

There has been observed a loss of strength not in proportion to the severity of the attack, which continues for an unusual length of time.

Besides pueumonia, pleurisy, pericarditis, neuralgia, and a host of other ailments have appeared as complications.

In some cases, owing to catarrhal inflammation extending

through the eustachian tube, otitis media puruleuti has been produced.

Influenza has either precipitated phthisis in persons predisposed to it, or produced it *per se*, as in several instances phthisis has appeared during or immediately after an attack of influenza.

Localized collapsed of lung tissue is frequently seen, which makes its appearance suddenly and disappears in the same manner. It is probable that in some cases of pneumonia the consolidation in the beginning is from a collapse rather than inflammation. As an evidence of this we find a weakness, or an absence of the vesicular murmur, no crepitant vale, no dullness on percussion and frequently no cough.

Many patients have severe pains resembling neuralgia somewhat several weeks after an attack of la grippe, which are much more persistant than neuralgia ordinarily.

Report in State medicine from Howard County, dating to January, 1890:

During the spring months of 1889 erysipelas and dysentery were the diseases that were most prevalent, both of them almost amounting to endemics. There were, however, no particularly special features connected with either. In the treatment of erysipelas good results were derived from the following plan: Laxatives, solution creosote and tincture sulphur, in combination, locally applied; iron and quinine internally, and antipyrin to control temperature.

In one extremely severe case of facial erysipelas occurring in a woman, seven months advanced in pregnancy, and where the temperature on several occasions reached 106° F., it is quite certain that the attack would have resulted in miscarriage, if not in death, had it not been for the use of antipyrin, which controlled the temperature perfectly, and decline in the activity of the symptoms seemed to date from its use.

In the cases of dysentery where the attacks were asthenic in character the most satisfactory method of treatment was that recommended by Austin Flint, of magnesia sulphur in

large doses till the discharges become watery, then opium in full doses.

In the asthenic type the better plan seemed to be in the earlier stages, mercuvic-bichloride in doses of the 32d of a grain for an adult and given in pill form, in conjunction with opium, ipecac and quinine. In one especially protacted case occurring in a delicate female, improvement seemed to date from the use of belladonna. In the later stages of the asthenic cases, after the period of congestion and inflammation had in a measure subsided, and stringents were yet indicated to keep the bowels in check, the salts of copper, sulphur and silver nitrate, in conjunction with opium, acted satisfactorily.

Measles also prevailed during the spring months, and scarlet fever later on. Both these affections were without mortality, save in one or two instances of death from scarlatinal nephritis.

Typhoid fever was quite prevalent during the autumn, but was not fatal. Antipyrin and antifebrin acted well in some cases and badly in others. On the whole the better plan of treatment seemed to be the judicious use of these two drugs in connection with the expectant method, inclusive of the sponge bath several times daily, etc.

As the writer of these very cursory notes removed from the locality about January 1, only two cases of influenza were witnessed up to this time, and they were extemely confusing, as they were not recognized as attacks of *this disease* at the time. They were, however, more interesting than any that were subsequently observed. The catarrhal symptoms were intense; constant bronchial cough, suffusion of the eyes, and abundant flow from the nose, together with fever. But the very peculiar point in the attacks consisted in an intense rigor at a stated time, 9 a. m. each day. This chill was followed by marked exacerbation in the temperature for several hours, then remission during the afternoon and a comparatively comfortable night, the chill recurring the next day at the usual time, and so on. This state of affairs continued in the first case for four weeks, and the friends of the patient had despaired of his life. Mercury, ipecac, opium, antifebrin, the ammonias and

quinine were utterly futile in controlling the disease. Finally, after having almost run the gauntlet of the *materia medica*, he was put upon the following pill: Iron, quinine, arsenic and strychnine; one every three or four hours for twenty-four, then three times daily. There was no recurrence of the morning exacerbation, the catarrhal symptoms and fever gradually disappeared, and the man recovered.

In the second case, which was identical, and profiting by the former experience, the *mettala mettalorum* combination was used early, and with the same happy result. My solution of the pathological problem being, in these two cases, that in addition to the marked depressing effect exerted upon the nervous system by this peculiar zymosis, there was also intense malarial taxæmia, and that both these indications were admirably met in the prescription that finally proved beneficial.

In reference to the epidemic of influenza, as it occurred in Little Rock, I cannot undertake a full exposition of the subject, and a few leading points only will be mentioned.

The disease appeared in different forms. Some writers in the east speak of three distinct forms—the catarrhal, the gastric, the nervous. But my observation would lead me to say there were only two forms, the "catarrhal" and the "nervous," the latter including the symptoms that were said to characterize the gastric form.

In the catarrhal form there were acute catarrhal symptoms from the beginning, and moderate fever. This type, as a matter of course, seemed oftener to be complicated with bronchopneumonia and pleurisy. In some of these cases, instead of the pneumonia being catarrhal or lobular, there was genuine croupous or lobar pneumonia, and in some instances the disease was extremely occult, in so far as indicated by general symptoms, and the diagnosis would be established by almost accidental physical explorations of the chest. In these cases the lung would be slow in clearing up, and convalescence measurably protracted. In some cases where pleurisy had occurred as a complication, it was overlooked at the time, and was diagnosed later from effusion into the pleural cavity.

In the nervous form, the patient would first complain of anorexia nausea, headache, backache, general muscular soreness and debility, attended with moderate fever. Catarrhal symptoms would sometimes develop later, and again there would be none at all. These were the cases that were slowest about convalescing. Indeed, many of them have not yet fully recovered. This extreme debility following the disease and tardiness of convalescence, seems to have been a peculiar point of interest to every practitioner. On the whole, the disease did not do very much damage. There was more sickness at the time than had ever been known in Little Rock before, and fewer deaths.

The National Formulary.

BY MR. J. M. ANDERSON, PINE BLUFF, ARK.,

A Delegate from the Arkansas Association of Pharmacists to the State Medical Society of Arkansas.

[Read at the Fifteenth Annual Session, Little Rock, May 14–16, 1890.]

MR. PRESIDENT AND GENTLEMEN: The Arkansas State Pharmaceutical Association have delegated me to present for your consideration the National Formulary; but before considering the work, I wish to make a few explanatory remarks as to why and how the National Formulary was devised and compiled (many of these remarks are taken from the preface). It is a patent fact that the remedies for which the pharmacopiæ or the dispensatory prescribe definite formulæ constitute only a limited portion of the preparations used by the medical profession in the treatment and care of the sick. There is a large number of preparations prescribed almost daily, which are not recognized by the pharmacopiæ, either because they were not of sufficient importance to be included in an official work or have originated since the publication of that work, or for other reasons. Many of these preparations are being made

after different formulæ, and in some instances of varying strength, so that pharmacists are often compelled to keep in stock a *variety* of brands of what is *intended* to be the *same preparation*, in order to satisfy the demands of the medical profession. Another great evil is the existence of formulæ at variance with each other in different sections of the United States, and in some instances vary in the same locality with different practitioners or pharmacists; *e. g.*, mist contra diarrhœam—Squibbs, and tr. aconiti—Flemming. Previous to the adoption of the National Formulary, had any of you sent prescriptions for the first named preparation to respectively Kansas City, Mo., and El Paso, Texas, you would have received two different combinations. Had you have sent two prescriptions to one of the largest cities and had them filled at different pharmacies in northern Illinois for tr. aconite (Flemming), you would probably have received two preparations at *variance* with each other to the extent of *about 20 per cent.* Many other instances might be noticed. The evils which arise from these conditions are far-reaching, and any plan which may palliate this existing state of affairs will surely be appreciated by both the medical and pharmaceutical professions—a plan for a uniform standard of unofficial preparations. In order to bring about a practical amelioration of this state of affairs, the American Pharmaceutical Association appointed a committee, which was assisted by a representative from each State, and compiled the National Formulary. Mr. J. E. Gibson, of this city represented this State.

Among the difficult problems the committee had to solve was the selection of such preparations as should be admitted into the Formulary. Every section of this country was consulted, and those preparations and formulæ for same which were found most universal were selected. On looking over the book every individual reader will doubtless find formulæ for preparations which never before came under his notice. However, it is to be remembered what a vast country had to be considered, and what is very common in one place may be entirely unknown in another section.

At no time did the committee contemplate imitation of any popular nostrum, yet it was difficult to decide where the line should be drawn; hence the list may recall some of the before-mentioned preparations, but which are constructed on rational principles and by practical formulæ, mainly with regard to *uniform strength* and RELIABLE EFFECT. It is not to be expected that the preparations replace in the eyes of the *public*, the *much advertised nostrums*, but it is to be hoped that if *proper therapentic effects* are expected, they will be directed to be used by the practitioner in place of the commercial articles the compositions of which are kept secret. It is quite probable that some preparations have been overlooked in compiling the work, and there are other preparations which should have been omitted. Whatever error may have been committed in one direction or the other will no doubt be corrected in subsequent editions.

It is not the intention of this little work to meddle in the least with matters of which the medical practitioner or therapeutist is the proper, competent and best judge.

If not asking too much of you, I beg to call your attention to a few of the preparations contained in the Formulary. However, do not think these selections are all or the best of those in the contents, for there are *many others* well worthy of your careful attention and consideration, but time forbids my noticing them at present. In the formula for "aqua chloroform" you will find a preparation possessing some medicinal properties and an efficient preservative for preparing solutions which require to be kept free from micro-organisms.

In formulæ Nos. 11, 178, 180, 304, 305 and 306 you will recognize a number of preparations which are daily growing more popular. They are effervescing salts, a very pleasant and effective way of administering bromide of potass., caffein, phosphate of iron, cit. of quinine, etc. Probably all of you have had occasion to use chloral-camphoratum (formula No. 7.) Formulæ Nos. 24 to 108 inclusive consist of a very complete line of elixirs, all nicely aromatized and elegant preparations. The proportion of each active drug is given, as

are the aromatics. Elixir of salicylic acid is a very pleasant way to administer that drug. Elixir buchu and acet. potass. give the full therapeutic effect of each drug represented, and at the same time well disguises the nauseating taste.

Elixir rhamui prushiana compound is a very pleasant form in which to give cascara sagrada. It makes the popular laxative elixir, or elixir purgans. Emulsion of cod liver oil with hypophosphites—combine one or more of the hypophosphites with cod liver oil in a nicely flavored emulsion containing 50 per cent. of cod liver oil.

The formula for glyceritum acidi tanicum is identical with the same preparation found in the United States Pharmacopæ of 1870. Glyceritum boroglycerini makes a solution consisting of 31 per cent of boracic acid.

Under mistura—contra-diarrhœam—are found no less than five different mixtures, all designated, including the celebrated Sun cholera mixture, the well known Loomis diarrhœa mixture and the popular Squibb's diarrhœa mixture.

Under the next head we have Lafayette mixture and Chapman's mixture, respectively. Soda mint is used by many practioneers, and formerly was made with bicarb soda, arom. spts. ammo. and peppermint water, in the natural form. Spearmint water is substituted for peppermint water, thereby giving the preparation a more agreeable taste and flavor, although detracting nothing from its medicinal properties.

Lime juice and pepsin will probably interest some of you. Syrup of coffee is used by many. Syrup hypophosphites of lime and soda is an elegant preparation, as is syrup of phosphates compound, or "chemical food." Tasteless tincture chloride of iron is found in formula No. 397.

Churchill's tincture iodine, decolorized tincture iodine, and Churchill's caustic iodine, are preparations well known, but having no authoritative formula. Wine of cocoa, beef and iron, wine of beef and cinchona, are among the preparations manufactured by several different laboratories, although each laboratory claiming their manufacture to be the superior preparation.

It is the desire of the American Pharmaceutical Association that the different medical and pharmaceutical associations of the United States unite in accepting this national form as the authoritative standard for such unofficinal preparations as are found in its contents, and it is to be hoped that before the next meeting of the American Pharmaceutical Association every State, county and local medical, as well as pharmaceutical society, will have adopted it.

We trust the State Medical Society of Arkansas will adopt this national Formulary as the standard for all preparations found in its contents.

Tracheotomy for Foreign Body in the Larynx.

BY J. A. DIBRELL, JR., M. D., LITTLE ROCK, ARK.

I saw at 6 p. m., January 25, 1890, a white male child aged 14 months, who that morning, while on the floor beneath the breakfast table, picked up something and swallowed it. This "something" was reported by the child's nurse to be a piece of bread crust. Violent coughing and dyspnœa immediately followed. This occurred about 9 a. m.

Drs. R. G. Jennings and E. R. Dibrell were immediately summoned. The dyspnœa and coughing was so violent as to prevent any satisfactory examination of the throat, digital or otherwise. Emetics were given with the hope that the act of emesia would dislodge the offending body, and though some little temporary relief followed the administration of these remedies, nothing was expelled except the contents of the stomach.

Under the belief that the obstruction to respiration was due to the intrusion of a piece of bread into the larynx or trachea, it was thought that it would soften in the natural secretion of the parts and be expelled in coughing. The case was therefore carefully watched, and treated tentatively for a

few hours. But the symptoms gradually grew worse, and at the time of my visit, nine hours after the accident, the child was apparently dying from suffocation. Breathing was extremely difficult; face cyanosed; the extremeties cold, and the body bathed in a cold perspiration.

I advised tracheotomy as the only means of rescuing the child from certain death, which appeared imminent. The operation was declined by the child's parents.

Half an hour later I was again summoned to see the child, with the request that I come prepared to operate.

Having the necessary instruments at hand, no time was lost. The operation was made with the assistance of Drs. R. G. Jennings, William Thompson, and E. R. Dibrell. Owing to the restlessness of the child a few inhalations of chloroform was carefully administered. Immediate relief followed the introduction of the tube, and in a few minutes the breathing became quiet and the child slept peacefully.

The obstruction was evidently in the air passage above the tube. After allowing the little patient to rest awhile, the throat was explored. Manipulations could now be practiced without interfering with the respiration. Raising the epiglottis with the finger, a small sharp object could be felt projecting from the upper part of the larynx. Siezing this with forceps, a portion of it was extracted, and in like manner two other pieces, and still another small sharp fragment could be felt well down in the larynx. This I failed, after many efforts, to engage within the grasp of the forceps. The next day I requested a professional friend who is much more expert than myself in the use of larynxial forceps, to try and remove, but he also failed. The piece remained, and disappeared by absorption, or becoming very small, discharged with muocus through the tube.

The fragments proved on examination to be part of the jaw-bone and teeth of the Mackinaw trout, a fish brought to this market from Lake Michigan. One of these fish had formed part of the morning meal; the bone had fallen from the table, was picked up and swallowed by the child.

Each piece of bone removed had two or more teeth, which were sharp, curved processes not unlike a rose thorn, though rather more curved. The teeth became imbedded in the laryngeal mucous membrane; intense irritation, œdema, with impending suffocation followed, and the case would undoubtedly have speedily terminated in death but for operative interference. One week after the operation the child was taken with influenza, then epidemic in this city, and was quite ill for several days.

The tube was finally removed on the nineteenth day after the operation, and the wound quickly healed.

The child recovered, with complete loss of voice. The aphonia, however, gradually disappeared, and at the present time (October) only a slight huskiness is at times noticeable.

The State Society.

Section on Surgery.

HARRISON, ARK., November 5, 1890.

An invitation is extended to the members of the State Medical Society to prepare papers for the SECTION ON SURGERY for the ensuing meeting. Those who will contribute will please notify me of such intention as soon as practicable, giving title of paper, etc.

Very respectfully,

A. J. VANCE, M. D.,
Secretary of the Section,
Harrison, Ark.

The Sixteenth Annual Session—Time of Meeting.

The Secretary has designated WEDNESDAY, THURSDAY AND FRIDAY, APRIL 29, 30, and MAY 1, 1891, as the time for holding the Sixteenth Annual Session of the State Medical Society

of Arkansas. Hot Springs was the place selected by the Society. The meeting of the American Medical Association will begin at Washington, D. C., on the first Tuesday (5th day) of May, 1891. By arranging the meeting of the State Society just previous to that of the National Association it will enable those who attend both meetings to do so with only one absence. They can leave Hot Springs Saturday morning, May 2d and reach Washington City on the following Monday. It has been a long time since the Society met at Hot Springs. Many members of the Society and other physicians in the State have never visited that wonderful health resort. The changes that have taken place since 1877 (the year the Society met there) have so altered the appearances and conditions of the surroundings as to make a second visit now almost as interesting as the first was thirteen years ago. If the place of meeting influences the attendance of members, certainly the gathering of 1891 ought to be the most numerously attended of any since the organization of the Society.

County Societies.

[The proceedings of County Societies are requested for publication in this department.]

"There Shall Be No Alps."

The following letter shows a spirit of determination and enthusiasm for medical organization which if possessed by half the physicians in half of the counties of Arkansas would soon place the medical profession in the State in a position to command the admiration and respect of the people as well as their professional brethren throughout the entire country. Of course, the State Society will recognize a society organized for the reasons stated in this letter. There is no objection to having two or more societies in the same county except where the

same physicians belong to two or more societies, and thereby increase, the number of delegates the societies are entitled to send to the State Society. Whereever there are difficulties that make it inconvenient for all of the physicians of a county to assemble at a common meeting place, the proper thing to do is to organize two societies. In several counties in the State there are two county seats, or at least courts are held in two different parts of the counties on account of the difficulties of travel, etc., which prevent all of the citizens of the county going to the county seat.

But, here is the letter, and may it fall into the hands of the "bad road," the "high water," the "rough mountain" and "deep bayou" doctors of some sections of our commonwealth and inspire some of them with energy and perseverance enough to try to overcome some of the obstacles that seem to stand in the way of medical organization in their respective counties:

MAGAZINE, ARK., November 25, 1890.

Dr. L. P. Gibson, Little Rock, Ark.:

DEAR DOCTOR: The peculiar and inconvenient geographical construction of our county (Logan) renders it almost impossible for us who live in the southern portion of the county to attend our medical society meetings, which are held at Paris, the county seat. There are no railroads nor stage facilities for conveyance, and a long, rocky and mountainous road with one very rough mountain to climb. We are therefore desirous of organizing a society on the "south side of the mountain" to be known as the South Logan County Medical Society, or such name as we may see fit to give it. Will this in your opinion be recognized by the State Medical Society? We would be glad if you would send us any literature on the subject of organization, such as constitution and by-laws, rules of government, etc. Would be glad to hear from you on this subject, and will gladly pay postage on any literature you may see fit to send me.

Awaiting your early reply,

I am yours very truly,

E. T. POWELL.

Little Rock Medical Society.

At the stated meeting of this Society, held November 3d, the following officers were elected: L. P. Gibson, M. D., President; E. R. Dibrell, M. D., Vice-President; W. T. Joyner, M. D., Secretary, and R. W. Lindsey, M. D., Treasurer and Librarian.

Roll-Call of Counties. (Continued).

Clark County follows Chicot in alphabetical order but does not begin to have the same reasonable excuses for not having an effective organization of medical men. In 1880 Clark County was tenth in the State in population, and in other respects she had many advantages not belonging to some of those counties ahead of her in population. Clark is a progressive county. Her citizens subscribe liberally to all public enterprises; her educational institutions are her pride and stand among the finest in the State. She is fortunately located geographically and her topography is of such a nature as to afford every facility for attending public gatherings in any part of her territory.

"And yet, and yet,
We cannot forget,"

that her medical men seem to be more interested in her schools, railroads, saw-mills, etc., than in the great questions that pertain to their professional welfare as a body. There must be some subtle reason for this anomalous condition of Clark County physicians. "Something is rotten in the State of Denmark." Won't some of the eminent doctors in that county write of the etiology and treatment of their diseased medical organization. It is quite certain that no charge will be made by their conferees for consultation and advice.

Clay County, situated in the extreme northeast of the State, got rid of a "ton" of troubles when she changed her name. Her soil produces the finest commercial timber to be found in any country. She has the advantage of being traversed by Crowley's Ridge, as fine and healthly a strip of land as extends into any county. But she has the bottom lands (sometimes drained, but mostly overflowed by the Black and Cache Rivers), which they do say would bog a balloon inflated with hydrogen gas. Yet Clay is progressing rapidly in commerce and agriculture. How are the doctors in that county getting on professionally? History does not record the fact that any of her physicians ever took an active part in medical organization. There are some well-qualified doctors in Clay who, if they tried, could make some medical history, at least enough to record their endeavors, failures, or apathy in matters medical. If nothing but failure has been their lot let them not be discouraged, for in the mighty forests of their county they have often seen it practically demonstrated that,

"Many strokes, though with a little axe,
Hew down and fell the hardest-timber'd oak."

Pharmacy.

[Devoted chiefly to the interests of the Arkansas Association of Pharmacists under the direction of their President, Mr. W. W. Kerr, Batesville, Ark., to whom all communications relating to this department should be addressed.]

In Union There Is Strength.

The time has never been when the above maxim did not apply. The energy and force of aggregation in any direction has always been recognized, and has formed the underlying principle of governments, communities and organizations of all kinds. It is true of the church; it is true of the State; it is true of finance; it is true of nature; it is true of art; it is true everywhere. As the world advances in civilization and

enlightenment, in wealth and power, it becomes a more prominent truth, until now no enterprise can promise itself success unless it first calls to its aid the power and influence of organization, or in other words, brings together the disintegrated elements of a like kind into one concentrated whole, and with the energy thus created, pushes its undertaking to a successful issue. We know of only one prominent exception to the universal recognition of the truth and the necessity of this all-prevailing law, and that is found in the druggists and pharmacists of Arkansas, who do not yet seem to have learned that "in union there is strength." The Arkansas Association of Pharmacists, as an organization, has been in existence for eight years, and still it does not bear on its roll more than one-third of the names it should have. It is not because the matter has not been brought to the notice of the druggists, surely, for this has been done time and again. It is not for want of intelligence upon their part to see and appreciate the advantages of such organized effort, for there is no more intelligent body of men, as a class, to be found in the State. Why, then, is it? We can account for it in no other way than by supposing that it is negligence.

Procrastination, that "thief of time," has been whispering in their ears "tomorrow will do as well." We would like to impress it upon the minds of our professional brethren that tomorrow will *not do* as well, if we only knew how to do it, but we have tried this so often, and in so many ways, that we are almost discouraged, but recollecting the wearing away influence of constant dropping, we propose in these columns, and in other ways, to keep the subject constantly before them.

What are some of its advantages? First, its educational influence. We suppose the necessity for this will hardly be questioned by any member of the profession, and we almost know it will not by anybody outside of it. Comparatively few of those engaged in dispensing physic in Arkansas have had the advantage of a technical education in pharmacy, and a majority will never have. Now, this organization is essentially an educational one, having for its chief object the promotion

of professional advancement, and affording an opportunity to the more intelligent to communicate to the less informed of the knowledge they have acquired in the schools and by practical experience, and the less favored to make known the difficulties which they have met with in practice and been unable to overcome by themselves, and get that information which will tend to smooth their pathway in future. We have no secrets among us. There is not a member of that Association who is not willing and anxious to communicate what he has learned to an anxious inquirer and a willing listener. Besides, there are none so learned but that they may learn more, and the more they know the more they are convinced that they do not know it all, and the more anxious are they to acquire additional information, and so they are the first to attach themselves to such institutions. If these feel the good of it, how much more should they who have not been so highly favored. Again, the promotion of harmony and good fellowship amongst the members is a leading feature. Between those who are engaged in the same business, often bringing them into sharp competition with each other, coldness and insolation, if not jealousies and ill-feeling are often engendered, which only require that they be brought together, and caused to deliberate on matters pertaining to the good of all, in order to eradicate. They are then made to see that there is a community of interest and a oneness of purpose that are not incompatible with any honorable, high-minded method of building up their own individual business. Indeed, they soon learn that the surest and quickest road to individual success is through the general prosperity of all. We have in our mind places in this State amongst the larger towns, where a majority of the druggists are members of this Association and attend its meetings, and where the competition is sharper than anywhere else, and yet where they daily reflect "how pleasant it is for brethren to dwell together in unity," while each one does more hard work in a week to build up and strengthen his individual trade than they do elsewhere in a month. There is nothing like attrition to wear off the rough corners.

Further, there is a work to do in Arkansas, as well as elsewhere, in bringing about a closer relation between the medical and pharmaceutical professions which can only be inaugurated in organizations representing the two, and from them disseminated amongst the members. But in order to be effective in this, as in everything else, it is essential that those organizations shall be composed of at least a respectable majority of all who are entitled to membership. We have boasted before, and we still boast, that there is no State that can show a better spirit existing amongst physicians and druggists than is to be found here, and it is largely attributable to the organizations which represent each, but still there is much to accomplish, and the members of our profession have at least half the work to do, and the way to do it, and the only way, is through the Arkansas Association of Pharmacists.

We could point out many other advantages, and hope to do so from time to time, but will only call attention to one more in this connection, and that is the social and recreative features.

If we could only induce our druggists to join the Association and attend one meeting, it would be superfluous to say anything on this part of the subject; the case would be argued. There is no class of workers who are more closely confined to their business, night and day, Sunday and Monday, from January to December, and who more need occasional relaxation and social recreation than the busy druggist, or who, from his naturally social disposition, more highly appreciates such a change, and there is no more fruitful source of mistakes in dispensing, save and except ignorance, than his want of it. The meetings of this Association fill this long-felt want most admirably. Here the druggists from all the different sections of the State come together not only to legislate pertaining to matters connected with their general welfare as a profession, but to make each other's acquaintance, and to enjoy the social contact as none can only those who have been housed between the same four walls for twelve months. Leaving out of the count the social entertainments which always characterize such

meetings, and contribute so largely to their enjoyment, this is enough to fill one with spirit, energy and snap to last through another year of toil. Why, in the name of professional advancement, harmony and good will, closer intimacy with your brethren of the scalpel, and social relaxation—the elixir of life—do you not try it?

We have received a copy of the proceedings of the New York State Pharmaceutical Association for 1890, containing, besides many other good things, a report of new remedies compiled by Dr. R. G. Eccles, of Brooklyn, and Prof. Viall, of Ithaca. This report is also published separately in pamphlet form by the Association and may be had by addressing the Secretary, Clay W. Holmes, Elmira, N. Y., at prices ranging from 10 to 6 cents per copy, according to the number ordere d It contains a list of the more important synthetic chemicals and drugs obtained from the vegetable world, with tests for their identification and purity, doses, etc. It is really a valuable little book for the busy druggist whose information on the subject is scattered throughout the journals and not readily accessible on short notice. These remedies are coming upon us from Germany in such clouds as to be bewildering anyway, and anything that answers the end of consolidating the literature into a small compass is a really valuable contribution to pharmacy.

Drug Adulteration.

Perhaps the adulteration of drugs, when bought of reliable dealers at or about the prevailing prices, is not carried to the extent that some alarmists would have us believe; yet, that they are not always up to the pharmacopœal standard, is doubtless true. It is the duty of pharmacists who dispense them to the consumer, to see to what extent it is true, and

further, that none but such as come reasonably near the prescribed standard are kept in stock, or administered to the suffering.

This is what they are here for, and to reduce the number practising the profession, to those who are competent to ascertain this fact, and honest enough to act accordingly, is the ultimate end of pharmical legislation.

The Committees on Adulteration of Drugs of the several Pharmaceutical Associations are doing a good work by investigating the character of the goods upon the market, and reporting the result from year to year, and none more so than the committee of the New York State Association.

According to its last report, 496 samples, covering twenty different kinds of drugs, all in common use, were examined. The result of the investigation shows that in the matter of strength, many of them exceed the standard more than they fall below it, indicating carelessness in their manufacture rather than a wilful intention to palm off on the public an article of inferior strength. Out of fourteen samples of solution of chloride of iron examined, only three yield less than the correct amount of anhydrous ferric oxide, while eleven exceed it, and at least seven of them largely.

In twenty samples of tincture of iron, only one fell below, according to the same test, and nineteen exceed it, ranging from about one-half too little to one-third too much.

But the wildest scattering was made in the dilute acetic acid. Forty samples were examined, ranging from 1.9 absolute acid, to 32.8 with 6 per cent. as the standard. In this case, however, the greater number, twenty-seven, fell below. The committee say: "Just stop and think what this means to a doctor who is treating, for example, a case of scarlet fever requiring liquor ammonia acetatis. In one store where his perscription may be compounded, he will get only one-third of the amount ordered, while in another he will get more than five times what he calls for."

It does not make much difference to a man after he is dead, whether he was killed by carelessness or intentionally.

Dilute hydrobromic acid made a little better showing, in that out of thirty-eight samples, sixteen were at or near the U. S. P., or 10 per cent. strength, but even here we find one fell as low as 3.8, or a little over one-third strength, while one reached 21.7, more than twice the proper strength.

The saddest commentary upon the carelessness or criminal wilfulness of New York pharmacists, is found in the extensively used preparation, Hoffman's anodyne. This remedy is supposed to be made by the retail pharmacist, at least, there is no earthly reason why it should not be prepared by them, and so there is no way to palm off its defects upon the jobber or wholesale manufacturer. How does it show up? Out of 117 samples, only four came up to the pharmacopœal requirements. "All of the inferior specimens were destitute of etherial oil, and many of them contained a large amount of water." Think of Hoffman's anodyne containing water and no etherial oil!

Want of space forbids a more extended notice of this report, although it contains several other things of interest and importance to Arkansas druggists. What has been given is intended as the preface to an appeal to the Committee on Adulteration of Drugs of the Arkansas Association of Pharmacists, to take up the matter of looking into the character of the drugs and preparations that are being dispensed in this State, and see how nearly they respond to the official requirements. It appeals, too, to each individual pharmacist to look into his own stock, and ascertain the strength and purity of its contents, and not depend alone on the supposed honesty of his wholesale dealer, who in turn, depends upon the manufacturer. Many of them may not be able to extend the investigation very far, but all who have any business handling drugs at all may prosecute it to some extent, and it will be found, upon trial, that they can carry it further than they imagine, and that by very simple tests and with the use of very little time.

Separation of Etherial From Aqueous Liquids.

W. P. DeForrest contributes to the American Druggist, a description of a device which satisfactorily effects the separation of etherial from aqueous liquids:

A bottle a little larger than enough to hold all the liquid is fitted with a rubber cork, through which pass two glass tubes, one of which passes to the bottom of the bottle, and the other just through the cork, each projecting outside about an inch with a piece of rubber tubing attached. Pour the liquid into the bottle, put a pinch-cock on each rubber tube, place the cork in the neck of the bottle and turn the bottle upside down. Let it rest a few minutes to allow the ether to rise on top, then open the longer tube so that the air may pass into the bottle above the liquid, then, by opening the smaller tube, the liquid may be drawn off. The line of separation may be very clearly seen in the small glass tube, as soon as the ether is drawn down to it.—[Pharm. Era

The Pharmacy Bill.

Instead of publishing the entire text of the proposed pharmacy bill, as we had intended doing, we give below a short synopsis of its leading features, believing that the object to be attained by its publication in full has been met by its insertion in the September issue of the Meyers Bros.' "Druggist," which reaches every drug store in the State, and its publication and distribution in pamphlet form. It may be obtained by addressing Dr. John B. Bond, Little Rock.

It is similar in its provisions to the pharmacy laws of other States, being rather an adaptation of their most practical features to the conditions and needs of our own State.

It applies only to incorporated cities and towns.

Its preamble gives four very sensible reasons for the enactment of such a law.

First—The fact that such legislation has been found necessary in almost all the civilized countries of the world.

Second—To protect the public from the danger of the indiscriminate sale of poisons by unqualified and ignorant persons.

Third—The ability of physicians to overcome disease depends upon their ability to procure pure drugs accurately dispensed.

Fourth—To prevent the sophistrication and adulteration of drugs and medicines.

The bill requires that from and after its passage no one shall be allowed to practice pharmacy in the State without first being registered and securing a certificate of such registration.

It provides for the appointment by the Governor of a board of registration, called the "Arkansas State Board of Pharmacy," consisting of five members to be selected from different sections of the State, whose duty, among other things, shall be to register applicants according to the provisions of the bill.

All persons engaged in the drug business as proprietors, at the time of the passage of the act, and all clerks who are 18 years old, and have been engaged as such in drug stores where phycicians' prescriptions are dispensed, for three years next preceding the passage of the bill, are entitled to registration, without examination, upon presentation to the board of satisfactory evidence that they are entitled to it under the above conditions, and the payment of a fee of $3; provided such application shall have been made within sixty days after the organization of the Board of Pharmacy.

All graduates of recognized schools of pharmacy requiring three years' practical experience before graduation shall be entitled to registration without examination.

All others must pass a satisfactory examination before the board, and pay a fee of $6.

All certificates of registration must be renewed every two years, for which a fee of $1 is exacted.

The Board of Pharmacy is required to hold at least two sessions each year for the purpose of examining applicants at such times and places as it may determine.

Provision is made for the examination of persons desiring to engage in the drug business in the interval of the regular meeting of the board and the granting of a temporary certificate, which shall terminate at the next regular meeting of the board. This temporary certificate must be signed by two members of the board, and the fee is $2, which is to be deducted from the fee for regular examination at the first meeting thereafter.

A failure to register within sixty days after the organization of the board deprives of the right to register without examination; and to conduct a drug store without registration subjects the offender to a fine of not less than $5 nor more than $100.

Physicians are allowed to compound and dispense their own physic.

The bill does not forbid the sale of patent or proprietary medicines, or what are usually known as "grocers' drugs," by any one. The latter term is a little indefinite, but it includes all of the simple household remedies, such as salts, paregoric, Bateman's drops, etc.

Any registered pharmacist who is convicted of adulterating or causing to be adulterated any drugs, chemicals or medical preparations, shall not only forfeit his certificate, but be liable to a fine of not less than $5 nor more than $100.

Registered pharmacists convicted of selling intoxicating liquors illegally, forfeit their certificates.

Registered pharmacists are exempt from jury duty.

THE "Druggists' Circular" has been sued for $200,000 damages by William Radam for publishing an analysis of his so-called microbe killer, by Dr. R. G. Eccles, of Brooklyn. This is a pretty big suit over a very small matter, if the analysis as published is correct. It is said to consist of—

Oil of vitriol, impure	4 drams.
Muriatic acid, impure	1 dram.
Red wine, about	1 ounce.
Well, or spring water	1 gallon.

We have never seen the aforesaid microbe killer, and do not know nor care how near the above comes to representing it correctly, but we do know that it is wonderfully like what would be the formulæ if they were published of some of the cure-alls that are floating around, and that, too, under the flag of professional sanction.

Lister Antiseptic Solution.

Mr. J. H. Redsecker, of Lebanon, Pa., gave to the Old Point Comfort meeting of the American Pharmacists' Association the following formula for an antiseptic solution, to which he gave the above title:

Benzoic acid	64 grs.
Boracic acid	128 grs.
Thymol	30 grs.
Menthol	30 grs.
Borax	64 grs.
Oil of Eucalyptus	4 drops.
Oil of wintergreen	4 drops.
Oil of horsemint	5 drops.
Alcohol	4 ozs.
Water enough to make	1 pint.

Dissolve the benzoic acid, boracic acid, thymol, menthol and the oils in the alcohol and the borax in the water, mix the solution, shake occasionally, and after twenty-four hours filter. Add a few drops of caramel, to give it a light straw color.

Boroglycerine Cream.

According to the "Druggists' Circular," the following preparation is an eligible one for chapped hands, lips, etc.: Dis-

solve one part of boric acid in twenty-four parts of glycerine; add to this solution five parts of lanolin and seventy parts of petrolatum.

Condensed Milk For Emulsions.

The "Formulary" says: Nothing equals condensed milk for this purpose, and the expense, all things considered, is less than with any other substance. For example, to make a pint of 50 per cent. emulsion of cod liver oil, take of—

Cod liver oil	8 fl. oz.
Condensed milk	3 fl. oz.
Glycerine or syrup	3 fl. oz.
Water	2 fl. oz.

Flavoring oils—Bitter almond, 10 drops; wintergreen, 15 drops. Rub the condensed milk around in a dry mortar, and gradually add the cod liver oil, working it as is directed for making emulsion generally. When thoroughly incorporated add the glycerine, and lastly the wate.—[Pharmacy Era.

Insect Powder.

A new and very efficient insect powder has been introduced in Europe. It consists simply of pyrethrum flowers, to every 100 parts of which is added one part of napthalin, by weight. The napthalin must be in very fine powder, and intimately mixed with the pyrethrum. Any druggist having the article on hand may convert it into a rapidly selling article with a good profit. A recent analysis of a powder on the market proved to be a mixture of pyrethrum with borax, a very effectual blatticide.—[Pharm. Era.

Compound Syrup of Hypophosphites.

C. G. Houser in Meyer Bros,' " Druggist " gives the following method for preparing this syrup: First dissolve the quinine muriate in six ounces of water. Add the calcium hyphophosphite and set aside for twelve hours, with occasional agitation. If the calcium salt is dissolved, add the potassium hyphophosphite, and lastly the sodium salt. Allow to settle and decant the clear solution. To the insoluble residue add one-half the citric acid directed in the formula and three-fourths of an ounce of water, making a clear solution, and mix the two liquids. The solution of the hyphophosphites of iron and manganese is effected with the potassium citrate and the remaining half of the citric acid. In mixing the liquids with the sugar the following order is observed: Put the solution of hyphophosphites of iron and manganese into the bottle; next about one-half the sugar, then the tincture of nux vomica, the balance of the sugar, and lastly the solution of hypophosphites of lime, potassium and sodium. After the sugar is all dissolved enough water is added to make up the required measure. It is advisable to use a little less sugar than the formula calls for.

Earache.

Take five parts of camphorated chloral, thirty parts of glycerine and ten of sweet almonds. A piece of cotton is saturated and introduced well into the ear, and it is also rubbed behind the ear. The pain is relieved as if by magic, and if there is inflammation it often subsides quickly.—[Pharm. Era.

Miscellany.

The Treatment of Certain Sprains.

Dr. D. Hayes Agnew, in the University Med. Magazine, calls attention to certain cases of persistent lameness which have been ascribed to sprains of the ankle, and treated as such with but temporary benefit. The lameness returns on the patient's resuming exercise.

In these cases the trouble is not in the ankle joint, but in the sheath of the tendon of the perineus longus muscle. This will be easily evidenced by pressure along the course of the tendon between the external malleolus and the base of the matatarsal bone of the little toe. There is little, if any, swelling; pain will also be experienced on forcibly adducting the foot. The differentiation from ankle sprain is comparatively easy, for here there is a diffuse swelling about the joint, especially in front, and usually severe pain on flexing and extending the foot. Where the tendon and its synovial membrane are involved, a Dupuytren splint should be applied on the outer side, fixing the ankle and holding the foot in an adducted position. The tendon is thus relaxed and pressure is taken from its canal. With rest and anodyne applications the inflammatory trouble will subside in a week or ten days. The patient must not now be allowed to walk around in an ordinary shoe, for the tendon being one of the supports of the foot, is not in a condition to endure functional pressure. A number of plies of leather are to be applied on the outer side of the sole of the shoe, gradually thinning off toward the inner side of the foot, and relieve the tendon from pressure. Such a shoe should be worn for some time, and only restored to its original form by gradually removing one layer of leather at a time from the sole. In order to obtain good results this treatment should occupy several months.

Preparation of Catgut Ligatures.

Dr. Robert T. Morris, in Annals of Gynecology, September, 1890, says; "There are many ways of preparing catgut satisfactorily, but my favorite plan is similar to Kocher's. I buy the bunches of one metre length catgut, raw and unprepared, which are found in the dealers' shops. The sizes are 5, 7 and 9. These are placed in oil of juniper berry for a few days, for the purpose of dissolving out fixed oil and killing micro-organisms. Catgut can remain in this oil of juniper berry for many months without deteriorating. On removing the bunches of catgut from the essential oil they are placed in large-mouthed bottles of 95 per cent. alcohol, to which is added bichloride of mercury in the proportion of four grains to the pint. The catgut is taken out of the alcohol as needed at the operating table. It will remain strong and firm in the alcohol for months and probably for years without becoming weak. I use the one metre length bunches, because that is for me the most convenient shape. The number 9 catgut prepared in this way will be absorbed in about six days. I use it for ligating all blood vessels smaller than the radial artery, for intestinal sutures, and for skin sutures where there is not much tension. The number 7 catgut will be absorded in about twelve days. I use it for lighting the largest blood-vessels, for skin sutures, for peritoneal sutures, for general intra-abdominal ligating, and for suturing the wounds made for repair of the cervix and vagina. The number 5 catgut I use in only one place in abdominal work regularly, and that is for approximating the fibrous structures of the abdominal wall. It is absorded in about eighteen days. * * * If for any reason we wish a catgut that will resist the absorptive powers of the patient for a longer time than Kocher's lasts, take some of the bunches of prepared catgut out of the alcohol and put them in a 5 per cent. watery solution of carbolic acid, to which has been added bichromate of potash in the proportion of fifteen grains to the pint. Leave the catgut in this solution for forty-eight hours and then put it back in the alcohol again. After this treatment it will resist absorption nearly twice as long as before."

The Growth of Harmony Between Medicine and Pharmacy.

The Western Druggist has the following editorial comment on the desideratum of closer relations between physicians and pharmacists: "Now that the American Medical Association has established a department of pharmacy, it is probable that more intimate relations will soon be established between the various State Pharmaceutical and Medical Associations. As soon as this is accomplished a new field will be opened up for work of mutual value to both physicians and pharmacists. A number of the pharmacal associations have sent delegates to the medical conventions, and in a few instances the physicians have been represented at pharmacal meetings. Members who are both physicians and pharmacists, and feel a sympathy for both professions, are in a position to make serviceable delegates and should be selected on that account."

The incentives to harmony between these two honorable scientific callings are constantly increasing, for the standards in both are being constantly carried higher. There are men in both professions—whose minds are so thoroughly infused with the scientific spirit of the period—that they can meet as peers, no matter where or what the platform is on which they meet. Science is the leveller of minor distinctions as between individuals, and the time will doubtless come, if it has not already come, when cordial and comfortable delegate-relations may be realized between the bodies to which those individuals belong. Breadth of views and honest work must open many doors that have hitherto seemed to be closed, and yet as the good work of harmony goes on, the specialization of scientific work of the two professions must also go on; so that while on the one hand they are drawn together, on the other hand the enormously increasing demands upon each will tend to keep them in their own special spheres.—[The Journal of she American Medical Association.

Mr. Hutchinson on Circumcision.

In the Archives of Surgery Mr. Jonathan Hutchinson sums up his experience in regard to the sanitary advantages of the rite of circumcision. After premising that it is not needful to go on a search for any recondite motive for the origin of the practice, he says: "No one who has seen the superior cleanliness of a Hebrew penis can have avoided a very strong impression in favor of the removal of the foreskin. If not removed it constitutes a harbor for filth, and is, in many persons, a constant source of irritation. It conduces to masturbation and adds to the difficulties of sexual continence. It increases the risk of syphilis in early life and of cancer in the aged. I have never seen cancer of the penis in a Jew, and chances are rare."

Blood Money.

An exchange, in speaking of Dr. Koch and his discovery of a remedy for consumption, says:

The professor declares that he is not desirous of deriving any material or personal advantage from his discovery, and says that he will make public his method in all its details for the benefit of humanity.

Of course Dr. Koch will not make a monopoly of his discovery; what scientific or humane man ever did?

The law which grants a patent for medicine is a detestable stain on our federal statute books. Any man who would limit the diffusion of a knowledge of any remedy for human suffering for the sake of personal benefit, is an inhuman wretch that ought to be branded as a monster, instead of encouraged by a patent. It is true patent medicines are usually worthless, but they are imposed upon the ignorant by the secrecy of their composition, and thus the law that protects them works evil, whether the medicine be valuable or worthless.—[Rev. Wallace Carnahan, in Anglo-Saxon Churchman for December.

If all the ministers of the gospel and editors of religious papers entertained sentiments like the above, and *had the courage to express them*, the patent and secret nostrum fiends would be bereft of an army of their most valuable allies. It is a source of pleasure and gratification to be able to state that the "Anglo-Saxon Churchman" is flourishing financially and increasing its influence every day, and yet the editor steadfastly refuses the patronage of the venders of secret and proprietary nostrums. He is evidently not a believer in that damnable doctrine that we must do evil that good may come, which seems to be the creed of some other church papers published in Arkansas.

Corrosive Sublimate Solutions.

We have occasion so frequently to recommend the use of a solution of corrosive sublimate to destroy the germs of disease, that it seems well to give some instructions for its preparation. To make a standard solution, from which the weaker solutions may be made, take four ounces of corrosive sublimate and one pound of sulphate of copper, and dissolve them in one gallon of water.

To make a solution of 1 to 500, add 8 ounces of the above to 1 gallon of water. To make a solution of 1 to 1000, add 4 ounces of the above to 1 gallon of water. To make a solution of 1 to 2000, add 2 ounces of the above to 1 gallon of water. Remember that these solutions, while most effective in the destruction of disease germs, are at the same time highly poisonous —[Annals of Hygiene, North American Practioneer and News.

Books, Pamphlets and Exchanges.

The following transactions of State Societies for 1890 have been received by the Secretary of the State Medical Society of Arkansas: Medical Society of the Staet of California, Vol.

20; Medical Communications to the Massachusetts Medical Society, Vol. 15; No. 1, Maine Medical Association, 1890, Vol. 10, Part, 2; Wisconsin State Medical Society, Vol. 24; Medical and Chirurgical Faculty of the State of Maryland, semi-annual session, held at Hagerstown, Md., 1889, ninety-second anuual session held at Baltimore, April, 1890; State Medical Association of Texas, 1890; The Medical Society of Pennsylvania, Vol. 21, 1889–90; Illinois Medical Society, 1890; Triennial Catalogue and Directory of the Massachusetts Medical Society, 1890.

"Limited Practice" and the Code of Ethics.

To the Editor: The leading editorial in the Peoria Medical Monthly for September, 1890, commences with the following paragraph: "We believe the Code of Ethics of the American Medical Association permits of advertising to the extent of an announcement, '*Practice limited to diseases* ——,' following the name of the advertiser." And throughout the article the writer assumes that the Code of Ethics actually gives permission to advertise "practice limited" to this or that specialty, whereas there is not a word in the Code of Ethics relating to specialties or to "practice limited," as I have had occasion to explain many times. The only clause in the Code referring to advertising is in the following words:

It is derogatory to the dignity of the profession to resort to public advertisements, or private cards or handbills, *inviting the attention* of individuals affected with particular diseases —publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

The origin of the phrase, "practice limited," is to be found, not in the Code of Ethics, but in the report of a committee on revision of the Code of Ethics made to the Association in 1874, as the following quotation shows:

"The Code of Ethics very properly makes no mention of specialties or specialists, but presents plainly the rules necessary for the maintenance of professional character as applicable to all. But we are asked how, then, can those who wish to pursue a special practice make known their position to their brethren and the public? We answer that the title of Doctor of Medicine covers the whole field of practice, and whoever is entitled to that appellation has the right to occupy the whole or any part of the field, as he pleases. The acceptance of this honorable title is presumptive evidence to the community that the man accepting it is ready to attend practically to any and all duties which it implies. As all special practice is simply a self-imposed limitation of duties implied in the general title of Doctor, it should be indicated not by special qualifying titles, such as oculist, gynecologist, etc., nor by any setting forth of special qualifications, but by a simple *honest* notice appended to the ordinary card of the general practitioner, saying, "practice limited to the eye and ear," or to "diseases peculiar to women," or to "midwifery exclusively," as the case may be. Such a simple notice of limitation, if *truthfully* made, would involve no other principle than the notice of the general practitioner that he limits his attention to professional business within certain hours of the day. Neither could it be regarded as a claim to special or superior qualifications. To give the specialist any privileges beyond this, would be to invest him with a special advantage inconsistent with the equality of rights and duties pertaining to the profession.[1]"

It should be kept in mind that this quotation is simply the reasoning or comment of the committee, and not a proposition to be incorporated into the Code. So far from this, the committee, after commenting on several other topics, closed its report with the following declaration: "After carefully review-

1 See Transactions, Vol. 25, pp. 30–31, 1874.

ing the whole subject, your committee do not recommend any alterations in the present Code of Ethics." And on motion of Dr. J. H. Van Deman, of Tennessee, the report was unanimously adopted by the Association.

Whether the suggestion of the committee, that the regular physician who honestly and actually restricts his practice to a fairly defined specialty, may so inform the public by saying on his card, "Practice limited to ——," is a question about which different opinions have been expressed, and concerning which no judicial action has been taken. But it is certain, as stated by the editor of the Peoria Medical Monthly, that the physician who makes such declaration on his professional card must practice in strict accordance therewith. He cannot declare to the public and his professional brethren that his *practice is limited* to particular diseases, or to diseases of particular organs, and continue to take charge of any and all cases that may come in his way, without making himself liable to the charge of deception and unprofessional conduct. And for that reason it is not likely to be generally adopted; simply because only a small percentage of the so-called specialists are willing to actually *limit* their practice to the legitimate boundaries of their chosen specialty.

Very truly,
N. S. Davis.

Chicago, Ill., October 25, 1890.

—[Journal of the American Medical Association.

Proprietary Medicines.

The relation between manufacturing chemists and the medical profession, has often been discussed by physicians and medical journals. Of manufacturing chemists, there are many, who only manufacture for the legitimate drug trade, while on the other hand are some engaged in preparing compounds ready for dispensing. Many of these compounds bear fine

sounding names, and are what is commonly denominated proprietary preparations. Ordinarily the true formula is published on the label, but frequently the printed formula is a fictitious one, when the article is really a secret preparation. The proprietary medicine manufacturer annually sends samples to all the physicians, in his effort to secure their recognition and after several such distributions, may endeavor to procure a written indorsement of the virtues or therapeutic effect of the preparation.

The distribution of the drugs is entirely a voluntary one on the part of the manufacturer, and the written indorsement, if given by the physician, is also voluntary on his part.

In looking over some of the circulars sent out by the manufacturer, we find many names of men prominent in the profession, and from the frequency with which their names appear indorsing different preparations, it is evident that it is done in the majority of instances for the sole purpose of seeing their name in print. It seems to be an effort to be in keeping with the custom of clergymen and attorneys, for, while the latter classes recommend patent and *positively* secret medicines, these physicians are recommending proprietary and *possibly* secret preparations.

If then these men should find, after having seen their names in print, and receiving a little free advertising, that they were caught in a trap—why cry like an injured child? They are like such who invest genuine money in the purchase of even a very good counterfeit, knowingly try to pass the same for the good article, and when detected passing counterfeit money, set up a howl.

Among proprietary medicine firms there are many who will ever act on the square with the profession; they will continue to furnish a good preparation and never violate the trust and confidence the physician places in them.

There are among these compounds many elegant preparations of great merit, and it would be indeed difficult to find a suitable substitute.

It is not considered unprofessional to employ these agents; then why make a noise, if, in order to further introduce the same, a writen indorsement is published?

If it is wrong on the part of the manufacturer to employ the recommendations of physicians in their advertisements, why employ their preparations, or why do medical journals that are supposed to give reliable information on everything pertaining to the profession, use every effort to secure their advertisements?

If the system of proprietary preparations is wrong, then let the profession, through their societies, place a stamp of condemnation on the business; make it an unprofessional act to employ their productions and discountenance any journal that dares to advertise such firms, and the business will soon cease.—[Toledo Medical Compend.

Homœopathy.

Dr. Wm. W. Parker, of Richmond, Va., read the following as the deductions of a paper he submitted to the Medical Society of Virginia, on "Homœopathy:"

1. That homœopathy lays its foundation upon doubtful facts, and completes its superstructure upon the wildest and most extravagant generalizations.

2. That true medicine is now a grand structure with its graceful domes and arches and multiform compartments; while homœopathy is a small closet therein, opened by a very small key.

3. Medicine has always recognized the value of rational empiricism or experimentation, while Hahnemann ignores the rational for the irrational.

4. True medicine says to the sick man, "What is the matter with you?" Hahnemann says, "I don't know, and shall not inquire into the nature of the disease, but I will try and cure you."

5. Medicine from the very beginning is common sense and practical. Homœopathy is transcendental, and utterly incapable of proof.

6. Medicine is physics. Homœopathy is metaphysics.

7. That in the treatment of grave and highly acute inflammatory diseases homœopathy is criminal. It throws a straw instead of a plank to a drowning man.

8. In ignoring the observations of the wisest of men twenty-five centuries, Hahneman's rashness is only excelled by his conceit.

9. That ignoring pathology, the cause and nature of disease, Hahnemann goes blindfolded into the temple of medicine.

10. That in turning his back on surgery, he disowns the bravest and the most brilliant son of medical science.

11. The tables above referred to prove what medicine has always asserted, that the "infinitesimal dose" is nil – having no power either to kill or cure the patient.

12. That the glory of homœopathy has departed, and the "day of doom" has come. And finally,

13. Having deserted Hahnemann, their leader, fairness demands that they sail no longer under false colors.—[Virginia Medical Monthly.

Doctor and Patient.

A. B. WARD IN SCRIBNER'S.

When I consider what the education of a doctor entails, what endless study and investigation, what patient labor; when I reflect upon the continual risks that he must take, the continual self-control that he must have, balanced by continual compassion; when I remember how he is ever contending in a face-to-face and hand-to-hand encounter with disease and death, I think that he should be an industrious and thought-

ful, a brave and noble gentlemen. To the invalid he is more. He is the master-mechanic of what may be a very troublesome machine. He is the autocrat of the table and of the lodging, of raiment and exercise. His advent is the event of the day. His utterances are oracular, and his nod Olympian. His learning is boundless, his wit irresistible, his goodness not to be disputed. He takes the responsibility of living off shoulders which tremble beneath it, assumes the battle with pain, and fights the sick man's duel for him. He condones the cowardice of shrinking nerves and puts them to sleep. He encourages and stimulates, and bolsters the sufferer into shape again.

There is no relationship on earth like this between doctor and patient. He owns me, owns at least this arm he set when I was a boy, and these lungs whose every wheeze and sputter he recognized as I do the voice of a familiar acquaintance. The mother who bore me has not so intimate a knowledge of my peculiarities, my penchants and antipathies. No friend, however faithful, is so tolerant of my faults or has such an easy way of curing them. He reconciles me to myself by a quieting powder, and starts me fair with the world once more.

The doctor who could not laugh and make me laugh I should put down for a half-educated man. It is one of the duties of the profession to hunt for the material of a joke on every corner. Most of them have so esteemed it. Garth, Rabelais, Abernethy, and a hundred or so more too near to be named—what genial, liver-shaking, heart-quickening, wit-making worthies they were and are! To the son who loves her best, Nature reveals most her tricks of workmanship. He knows there is a prize in every package of commonplace and sadness, and he can find it—not only the bit of fun shining in the eye of a connoisseur like an unset jewel, but the eccentricity, the resemblance, the revelation, countless signs and tokens of the evanescent, amusing, pathetic creatures we call the human. Heartless, grasping, irreverent? The deepest compassion for human ails, the broadest generosity to human needs, the highest respect for all that is strong and pure and

holy in human lives, I have seen in the men who come closest to the mystery of life and the mystery of death, who read the naked heart when it is too weak or too sorrowful to hide its nakedness, who know our best and our worst, and are most of them wise enough to strike the balance. If they are cynics, it is we who have made them so. We are the books out of which they learn their lessons.

The Physician's Visiting List—Lindsay & Blakiston's. Visiting lists are cheaper than coats. This statement is made because the publishers of some of the visiting lists make them so large that they are cumbersome in the pocket and by their weight and bulkiness wear the coat and pocket. It would be better to have several small lists during the year than to carry for a long time one that is too large. Such publications ought to be but little more than memorandum books; easily carried and containing only sufficient printed matter to remind the physician of some little things that he knows, but does not know that he knows them just at the important moment. If Lindsay & Blakiston's visiting list had nothing but its small size to recommend it, that would be a decided advantage; but with that convenience it contains all that any physician ought to require for the purposes for which it is intended.

The Journal has received for review a number of parts of books and advance sheets. No notice will be taken of any publication not sent entire, and the right of honest criticism will in all cases be exercised.

The address of Dr. W. B. Barner, the Secretary of the Section on Surgery, will hereafter be Nashville, Ark.

The Annals of Surgery, J. H. Chambers & Co., publishers, St. Louis, Mo., is one of the most classical periodicals devoted exclusively to that branch of the healing art. It contains monthly the productions of the best surgical minds and a feature just as commendable is the exclusion from its pages of all commonplace literature which detracts so much from some other medical publications. The remark of a notorious inebriate about whisky is seriously applicable to the contents of the Annals of Surgery. "There is no bad, some kinds are better than others, but it is *all good.*"

A young doctor, wishing to make a good impression upon a German farmer, mentioned the fact that he had received a double education, as it were. He had studied homœopathy, and was also a graduate of a "regular" medical school.

"Oh, dot vos noding," said the farmer; "I had vonce a calf dot sucked two cows, and he made noding but a common schteer after all."

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Volume I. JANUARY, 1891. Number 7.

Editorial.

To the Legislature.—It is taken for granted that when the present act to regulate the practice of medicine and surgery in this State was passed by a former Legislature, and became a law, it was intended and expected that it would effectually accomplish the purposes for which it was put upon the statute books. It is also believed that if, through certain palpable defects the law *is* ineffectual and fails in its purposes, the present General Assembly will be fair and just enough to remedy its defects by amendment of the present, or the enactment of a new law, *provided* it can be demonstrated to the satisfaction of the members of the Legislature that the present one is fatally imperfect.

The subject has been fully discussed in previous issues of the JOURNAL, and as bearing on the topic, the subjoined editorials heretofore published, are here reproduced:

"SOME REFLECTIONS ON THE ARKANSAS MEDICAL ACT.—The iniquities of the medical practice act in this State have been so often discussed, and are so well understood that it may be deemed almost superfluous to say anything further on the subject; but what is here written is suggested with the idea that it may be well at this time to formulate into more definite shape its defects, that they may be the more successfully urged in favor of amendment of the present, or the enactment of a new law. First—The qualifications and mode of selecting the members of the county boards of examiners are objectionable on the ground that in the first place the appointing power is vested in men who, as a rule, are wholly incompetent to pass on the qualifications that ought to be possessed by professional gentlemen designated as 'learned in the sciences of medicine and surgery, of good moral character,' etc. Second—No definite standard of qualification is prescribed, such as that members of the boards shall be graduates of reputable schools or members of some medical organization, admission to which carries with it the proof that the antecedents of its members and their professional and moral standing have been investigated. Third—While the spirit of the law indicates that applicants rejected by one county board shall not be licensed by another than the State Board, the Attorney-General gave it as his opinion that the letter of the law did not prohibit rejected applicants from going from county to county until a board might be found that would grant them license. It is too well-known that men most ignorant and wholly incompetent have been rejected by several competent boards, but still went from county to county until a board was found the members of which, being on a level with the applicants, have licensed them and they are today plying their vocation at the expense and to the detriment of innocent parties who are not competent to judge of the proper attainments that ought to be possessed by persons pretending to practise medicine and

surgery. Fourth—The law provides that 'all physicians and surgeons who have engaged in a reputable practice for five years next before the passage of this act, shall not be required to undergo the examination herein provided for, but upon satisfactory proof before the County Clerks of such continuous practice and the payment of the fee allowed, that officer, shall be recognized.' The crimes committed under that section are past remedy. Nevertheless, it is a burning shame that under its provisions men who could neither read nor write; men who had never seen a medical school or opened a text-book, men who were not only ignorant and bigoted, but criminal also, were registered by County Clerks and are to-day preying upon the ignorance and credulity of the people. And yet, in the eyes of the medical law of Arkansas, these creatures are on a lawful equality with refined, conscientious gentlemen who have spent years of study and much money to qualify themselves to assume the responsibilities of the most trying and difficult of all professions. Fifth—And as objectionable as any is this last-mentioned provision which licenses and puts on a lawful equality with the educated physician these unqualified and unscrupulous men who 'took up' the practice, because, if they possessed the intellect they were too lazy to plow a straight furrow, chop out a row of cotton, or saw to a straight line—in a word, men who were too indolent and ignorant to make their living as farmers, mechanics and laborers by the day, and who became so-called doctors because they believed it would give them an opportunity to filch from their innocent and unsuspecting employers a sufficient revenue to keep body and soul together. The ordinary mortal generally knows less about medicine than any other subject. Persons well posted in law, theology, literature and many of the sciences, have no more conception of the structure and functions of their own bodies than had the preacher-doctor member of one of our Legislatures who paid a special visit to the dissecting room in this city to ask the demonstrator of anatomy if it was a fact, as he had always believed, that man really had one rib less than woman, and

who was utterly dumbfounded when he was told and shown that both sexes had the same number. This member was, of course, against medical legislation. These things are mentioned to show how utterly incompetent the laity are to protect themselves from the destructiveness and unscrupulousness of the so-called doctors. This unfortunate state of affairs is well understood by members of the regular profession, and they, as well as their patrons, are frequently the sufferers; but the latter, as a rule, do not realize, as they ought, that the more ignorant and bigoted a man professing to be a doctor is and the louder he proclaims his accomplishments and success the more he is to be shunned. It behooves the regular physicians on all occasions to warn the people of these pretenders and to endeavor by their daily walk to show them the difference between the charlatan and quack and themselves. Let the reputable physicians in the State try to call the attention of their legislators to the true condition of affairs that they may the better be prepared to appreciate the motives that prompt us to ask for such medical legislation as will have the effect to remedy the wrong that is being done. In the next issue the remedy for these evils will be suggested."—[September number.

"SUGGESTIONS TO REMEDY THE DEFECTS OF THE ARKANSAS MEDICAL ACT.—Three modes of remedying the law regulating the practice of medicine in this State have been suggested. First, to have one State Board of Health, which shall have exclusive power to grant license. Second, to have a board in each congressional district and a State board of appeals. Third, to amend the present law so as to require the members of county boards to be graduates of medicine in good standing and to prevent a rejected applicant from applying for license to any other board in the State than the State board. The only objection that has been urged against the first proposition is that it would be a hardship to require applicants to go to the State capital to be examined. This amounts to very little, since nearly every applicant would be coming into the State, having been attending lectures, or being an immigrant, and the additional inconvenience of a visit to Little Rock would

not be burdensome. Against the third proposal, some have urged that it wonld be unnecessarily elaborate, and if a less number than a board for each county is to be established, there is no necessity for having more than the one mentioned in the first suggestion. The third plan has the most advocates and seems to be the most feasible; the only argument advanced against it being that in some counties there may not be a sufficient number of graduates to form a board, and that though graduates enough might be found in every county, the appointing power might select some who, though, having diplomas, were not reputable practitioners. Arguments for and against any plan may be multiplied, but there is one point on which there is no disagreement, and that is that any of the proposed changes would be an infinite improvement on the present state of affairs. There ought not to be any objection now to making the law very stringent. When medical legislation was first agitated, the greatest amount of opposition came from undergraduates, many of whom feared their occupation would be gone if a reasonably high standard was established. But they have been licensed under the five years clause, and are no longer fighting the measure. Let those who have the welfare of the people at heart carefully consider the matter and present it to their representatives in the Legislature in its proper light, and there ought not to be any obstacle thrown in its way. It is generally conceded that whatever change is made, graduates from reputable schools ought not to be subjected to examination, but a rigid inquiry should, in every instance, be instituted regarding the standing of the schools granting diplomas. The idea adopted at the last meeting of the State Medical Society was the one recommended by the Committee on Medical Legislation, viz.: 'The appointment of one board known as a State board, and the repeal of all existing laws on the same subject.' This is undoubtedly the simplest aud best, but whether it could be accomplished against the opposition of members of the existing county boards, is questionable. At any rate the Committee of the State Society on Medical

Legislation ought to commence to ask for the very best, and then if that cannot be obtained, substitute the next best, and so on until one of the proposed remedies shall be accepted by the Legislature and a law enacted accordingly."—[October number.

"A State Board of Health.—There is a very good law among the statutes of Arkansas for the establishment of a State Board of Health. When the law was enacted, an appropriation for two years was made, and the board performed efficient work pertaining to vital statistics and other matters relating to the health of the people, but mostly of a preliminary nature, laying the foundation for the subsequent operations that were expected to be undertaken. But the first appropriation was made when the terrible experiences of two years of yellow fever epidemics were fresh in the minds of the people and their representatives, and nothing more panicky than a few cases of small-pox having appeared during the period which the appropriation covered, the next following and all subsequent Legislatures failed to make any appropriation, not being sufficiently conversant with medical science to understand that while epidemics of yellow fever, cholera and small-pox are appalling and produce consternation among the inhabitants, there are constantly, though quietly, at work other and even as deadly diseases, which are demonstrably preventable or limitable by a proper exercise of the authority of boards of health. When the people come to understand as fully as they should, the money value of health or *vice versa*, the financial *loss* caused by sickness, they will be more than anxious to have sufficient appropriations made to render efficient the work that ought to be performed by a board of health. There would be little difficulty in having passed a law having for its object the prevention of hog cholera and Texas fever, or to stop the ravages of the cotton boll-worm, because the losses from them are apparent and make themselves felt at the pocket (the tenderest spot in most people), but it would be a herculean task to convince the people that these are almost insignificant when compared with the loss of

time and money (to say nothing of the destruction of human life) that are occurring perpetually from sickness that is clearly due to improper food and clothing, badly ventilated public and private buildings, undrained swamps and marshes, impure drinking water, and a disregard of the danger of exposure to contagious diseases. Legislators are supposed to be elected on account of their ability to represent their constituents faithfully, and while they do not always reflect in their votes the wishes of those who elect them, it must be admitted that in matters pertaining to the public health, the voters are, as a rule, totally indifferent. To overcome this indifference of the public, 'as good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession; as on subjects of medical police, public hygiene and legal medicine. It is their province to enlighten the public in regard to quarantine regulations; the location, arrangement and dietaries of hospitals, asylums, schools, prisons and similar institutions; in relation to the medical police of towns, as drainage, ventilation, etc., and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.' When every physician shall, at all proper times and on every favorable occasion, call to the attention of their patients the advantages and benefits that would result from State, county and municipal control of matters relating to the public health, it will be but a short time until all necessary laws are enacted and appropriations provided for by those having such authority."—[October number.

Sickness and Deaths Among the Members of the Arkansas Legislature and the State Officials.—That the old pile called a State House is a disease and death-breed-

ing center needs no sadder proof than has been afforded by the sickness and deaths of those whose duty requires their presence more or less within its dingy, mouldy, damp, poorly ventilated walls. The money that is bienially expended by members of the Legislature for medical attendance and medicine, as a direct result of the foul atmosphere they breathe while attending to their official duties, would pay the expenses of a State Board of Health many times, and in a short time would, if properly invested, be sufficient to build a new State House. The Capitol at Washington, one of the finest buildings in the world, and of modern structure, has already had expended for the proper and improved ventilation of the hall of the House of Representatives, since it was first completed, a sum that would be snfficient to erect a structure ten times as costly as the Arkansas Capitol and its grounds. The most important function of a board of health is to see that all public buildings are constructed on sanitary and hygienic principles, and for that reason men skilled in sanitary science are generally appointed to membership on such boards. It is probable that many who belong to the present General Assembly will return either in their present capacity or in a higher; therefore, they owe it to themselves, their families and friends to see that a healthier building is provided for the State's uses.

THERE ARE NO "NATURAL BORN DOCTORS," though some of them seem to think they are, and encourage their clients to the same erroneous belief. There are born artists, musicians, mathematicians and orators, but the practice of medicine and surgery requires too many faculties for any one man to possess them to such a degree as to enable him or his patients to believe that he is a "*born doctor.*" Of course a studious man, of good habits, quick perceptive powers, self-reliance, commanding appearance and bravery, would make the best physician and surgeon, and he would succeed as well at most anything else he might undertake.

The Committees on Practice of Medicine of the General Assembly—Ever since the question of medical legislation was first agitated the rules of one or both of the houses have provided for a committee or committees with the foregoing title. It has been the custom of the presiding officers to appoint to these committees all of those members of the Assembly who professed and called themselves doctors, without regard to whether they were really physicians in fact, or had no more right to the appellation than they had conferred upon themselves by assuming a title which can only be conferred by a regularly chartered institution of learning. There is no reason why the committees should be composed wholly or partly of physicians, real or so-called. There are two sides to the question, and the people are as much, and ought to be more, interested in the matter than the doctors. Therefore, the presiding officers are importuned to appoint to membership on the committees the best men, without regard to their profession or calling.

One of the Pine Bluff Papers stated, when the smallpox appeared at Redfield several months ago, that the authorities should be vigilant and keep the disease out of Pine Bluff; that *one* case that occurred previously in the latter place had cost thousands of dollars to the commercial interests. How much more efficiently could epidemics be controlled if the machinery was organized all over the State, with a State Board of Health to supervise and direct all. Arkansas is now the only State in the Union that has not a State Board of Health *with an appropriation.*

A copy of this Journal will be sent to each member of the Legislature, and it is hoped it will be sufficiently interesting to induce the reading of the articles on medical legislation, the Cincinnati Prison Congress, and such other matter as might come to their notice relating to topics with which they are concerned as law makers.

KOCH—TUBERCULOSIS.—Nothing new that is good can be said at the present about Koch's alleged discovery for tuberculosis, though much might be written of the unethical and selfish conduct of Koch's assistants who are daily receiving enormous sums in fees for the administration of the lymph to afflicted patients.

If Koch did not, as he stated, desire to make money out of his reported discovery he should not have done so, neither should he have allowed his subordinates to take advantage of his science and generosity while thousands of suffering human beings are waiting, doubting, hoping and dying. The lymph has been used in this country by a number of experimenters but nothing unusual has been noticed on this side of the water. As suggested in the last JOURNAL, we must wait and hope, but it has grown humiliatingly evident that the longer we wait the less we have to hope for.

Original Communications.

Some Observations on Intra-Nasal Surgery.

BY H. MOULTON, M. D., FORT SMITH.

[Read at the Sixteenth Annual Session, Little Rock, May 14–16, 1890.]

It has been my fortune to have had something to do with intra-nasal surgical procedures in my efforts to cure not only diseases of the nasal mucous membrane, but associated maladies of the eye, ear and throat, and even some sympathetic disturbances of more distant organs as well. The class of cases to which I refer consists of those intra-nasal abnormalities which obstruct one or both passages, and give rise to local disease, which extends by continuity, or contiguity of tissue, or sympathy, to other organs. These obstructions are of two classes, primary and secondary. The primary are

those which are congenital, or depend upon abnormal development, injury, or other extraneous cause, and include deviations, exostoses, and ecchondroses of the septum, with some rarer forms of congenital occlusion. The secondary are those forms which depend upon pre-existing nasal disease, and embrace fibromata, mucous polypi, and turbinated and other hypertrophies.

Any obstruction, if confined to one side, causes irritation and inflammation, by pressure, and by interfering with the circulation and the free outflow of secretions. If the obstruction is great, all breathing must be done by the mouth or the other nostril. If the latter is the case, the increased quantity of unwarmed air passing through the open nostril is itself a source of disease in that nostril, which indeed is often the one most complained of by the patient. Whether of one or both sides the obstruction may mechanically occlude the eustachian tube or the nasal duct, or the concomitant inflammation may extend to and quite through these accessory passages, with well-known evil consequences to the organs of hearing and sight. Extension of the inflammation to the pharynx, thence downward, is a frequent source of laryngitis, but perhaps the most frequent source of this last complication is the mouth breathing. Through the reflex nervous system, other maladies are traced to pressure and irritation within the nose. Without going into detail, it is sufficient in this connection to refer to the fact that the spheno palatine, ganglion and vidian nerve serve as connecting links between the nervous supply of the nasal mucous membrane and the sympathetic, the pneumogastric, and the fifth pair of nerves. Thus only can be explained the phenomena of periodical hyperesthetic rhinitis, some cases of conjunctival irritation, of facial neuralgia, asthma, and even certain functional disturbances of the stomach and cerebrum. Indeed we may have some of these reflex phenomena, due to nasal disease, without the obstruction, and we may have obstruction without the presence of sufficient irritation to produce any reflex symptoms. But it is true that the obstruction is always a predispos-

ing cause of the local irritable condition, which is the essential factor, in the production of reflex phenomena; and it is also a fact that such obstruction is actually found in a large majority of cases observed. Now the point which I wish to make in this paper is that to relieve a train of symptoms, reasonably attributable to intra-nasal obstructions, we must first remove the obstruction; and that for this purpose no other means than surgical measures are of avail, provided that in the case of hypertrophied turbinated tissue, the diagnosis is correct. To sustain my position I will mention a few among many cases which have come to me.

Case 1.—Mr. C——, age 45. This was a case of asthma and obstruction of the nasal duct, due to polypus. I saw the case with Dr. K——, in January, 1888, at which time he was suffering with a severe attack of asthma. Nothing but hypodermatic injections of morphia would relieve him. He had had asthma for years and was conscious of having had some foreign growth in his nose for nearly as long. During the winter he was never free from some asthmatic difficulty. Examination revealed marked epiphora from the right eye, with muco-purulent contents of the lachrymal sac, and the right nostril completely filled with a large mass of soft polypi, which pressed the septum far to the left and deformed the external nose. With the Jarvis snare I removed at three sittings the entire mass. The result fulfilled all expectations, in that the asthma at once disappeared, not yet to return, it being now two and one-half years since the treatment, and in that the disease of the nasal duct, now relieved of the obstruction below, was also cured, almost without treatment.

Case 2.—Catarrh of post-nasal cavity and eustachian tube, caused by ecchondrosis from the septum. Patient was aged 18, and had for over a year the usual symptoms of post-nasal catarrh, with transient attacks of deafness. The only abnormal formation was the ecchondrosis occluding the right nasal passage. He had been treated for some months by others and by me with only temporary results. Thinking the ecchondrosis was the primary cause of the whole trouble, I removed it by

means of Moreau Brown's ecchondrotome. The patient and myself were both pleased with a speedy recovery under simple treatment.

Case 3.—Was one of anterior and posterior hypertrophic rhinitis, complicated with an exostosis from the septum. There were the usual symptoms of hypertrophic catarrh, difficult nasal respiration, a chronic conjunctivitis, and characteristic headache. This patient had tried many remedies and given up hope of being cured. I first made deep cauterizations of the enlarged turbinated bodies with the electro-cautery and treated him for six weeks subsequently with the medicated vaseline spray, giving him only partial relief. I now, with the reluctant consent of the patient, determined to remove the exostosis, which completely bridged over the passage between the side of the septum and the outer wall of the right nostril. The operation, though painless under cocaine, was very tedious and difficult, owing to the exostosis being large and hard, and situated far back in the nostril, requiring removal after section through the posterior nares. The instrument used for the section was the nasal saw. The exostosis, the largest I have ever seen, I here exhibit to any who wish to see it. Almost from the time of the operation the headache and other symptoms, including the conjunctivitis, disappeared. The nose breathing is normal and the patient now considers himself absolutely cured.

Case 4.—Was one of supposed incurable stricture of the nasal duct, which became curable on correcting a much deflected septum. I had intended to refer to other cases, but space does not permit. I trust I have said enough to enable most who hear me to accept the proposition that pathological obstructions within the nose produce not only chronic inflammation of the naso-pharyngeal mucous membrane, but often, also, inflammatory or functional sympathetic disorders elsewhere, which can be cured only by surgical procedures directed to the removal of the obstruction.

Supra-Pubic Cystotomy, with Report of a Case.

BY Z. ORTO, M. D., PINE BLUFF, ARK.

[Read at the Fifteenth Annual Session, Little Rock, May 14–16, 1890.]

In presenting the following case to you today, I have not been induced by any new pathology, etiology or symptomatology, but solely on account of the method of operating—one which is now receiving attention from surgeons all over the world.

On the 12th day of April, 1890, I was called to see Charles G——, aged 11 years. I found him in great agony, pain being confined to the bladder and penis. His urine was at times dribbling, and at others it would come in gushes; constant desire to urinate being always present. I learned from the boy's father, that he had been treated more or less for the last five years, for some obscure bladder or kidney disease, giving a history, such as we usually obtain in urinary calculi. An anodyne was prescribed, and the patient left until the next day, when I again saw him and, under an anesthetic, I, by means of a steel sound, explored the bladder for stone, the result of which was negative. I, however, did not prolong the search for stone, because I was of the opinion an operation was indicated, regardless of the real cause of his cystitis.

The father's consent to an operation was readily obtained. Accordingly, at 2 o'clock p. m., April 14th, in presence of, and assisted by Drs. Brunson, Sr., Loving, Troup, Cox and Brunson, Jr., of this city, I performed supra-pubic cystotmy, extracting a calculus weighing one hundred and sixty grains.

The patient was carefully prepared according to strict antisepsis, and chloroformed.

By means of a soft catheter and a Davidson syringe, the bladder was well cleansed with the following antiseptic solution: Acid salicylic, ℥ i; acid boric, ℥ vi; distilled water, ℥ xl. This is known as Thiersch's solution.

The bladder was made to retain about five ounces of this solution by means of a constrictor tied around the penis, after having withdrawn the catheter.

A rubber bag was now passed into the rectum and filled with three ounces of water, the tube secured and left, this having the effect to lift the bladder up. I then made an incision about two and one-half inches in length, in line with the linea alba, just above and extending one-half inch below the level of the upper margin of the pubic bones. Careful dissection having been made down to the conjoined tendon with blunt scissors, a few fibers of the muscle on each side were divided, just where they were inserted into the pubis. The peritoneum was next dissected up and pushed out of the way with the finger. All bleeding vessels were controlled. The bladder being now in plain view, two strong silk sutures were passed into the walls of the same, on either side of the median line, the silk threads being double, and left long enough to hang well over the margin of the wound, traction upon which gave complete control of the bladder at all times. I then made an incision into the bladder large enough to admit one finger. The stone was readily found and extracted by means of forceps. Slight traction being made on the silk cords, the bladder was freely irrigated with warm water and Thiersch's solution. A T drainage tube was now placed into the bladder and the patient dressed as follows: Iodoform sprinkled around the wound; iodoform gauze cut into ribbons was packed into the wound, around the drainage tube; iodoform gauze cut and bunched was next applied; then sublimate gauze, and next a layer of borated cotton; then a sheet of rubber tissue with holes cut for the penis and drainage tube, and over this sheets of absorbent cotton, all of which was secured by a roller bandage. The boy was now put to bed and given one-half grain of morphia hypodermatically, a drug he had become in the habit of using during his long suffering, taking as much as three or four grains daily.

A long tube was now coupled to the T drainage and the urine conducted into a vessel on the floor.

April 15th I visited the patient and found him in comparative comfort, with temperature of 99°, urine passing through the tube.

April 16th, temperature 99 1-5°; on the 17th 99°, and on the 18th, the fourth day after the operation, his temperature was 101°; and on this day he was redressed and the wound and bladder were freely irrigated with the former mentioned antiseptic solution. The next day, the 19th, temperature 100°, and on the 20th his temperature was 99 1-5°. I need not weary you with further details, but will just say his temperature never again went higher than 99°, and on April 27th, thirteen days after the operation, it was normal and has continued so. On the fifth day after operation the drainage tube was removed and left out, the urine from that time on oozing through the wound and being absorbed by the dressing, the same being changed about every third day. On April 26th, twelve days after the operation, the urine was passed, partially, through the urethra, and from this time on the wound gradually closed, the flow of urine through the urethra being greater and greater each day, until May 1st, when there was only a slight oozing through the wound; and on the 5th of May the wound was tightly closed, the dressing remaining perfectly dry. And at this writing, May 9th, there remains only a small surface unhealed, the patient happy, begging to be allowed the privilege of going down into the city. I will state at no time was there a drop of pus in or around the wound. The silk satures were removed on the fourth day after the operation. From one to two doses per day of morphia were allowed him during the first few days after the operation, he now being quite free from the habit.

Supra-pubic cystotomy is to be preferred to the older operations in all cases of bladder surgery, on account of its simplicity, its comparative freedom from danger, and the sphincter muscle being left intact; and, above all, the freedom with which the bladder may be explored with that best of all probes, the finger.

In a certain proportion of cases a fistula may remain, requiring another slight operation, but they are never obstinate. In cases of chronic cystitis the T drainage tube may be left in for three or more weeks, and in other cases, where the inflammation may be slight or not present, the bladder may be closed at once by silk sutures. But in such cases a catheter should be left in the urethra for at least three days, to guard against too great distention of the bladder.

May 12 h. The patient stepped into my office this morning, declaring he felt as well as he ever did. On examination a slight exuberance of granulation was noted and touched with port caustic. Otherwise the wound was healed and perfectly healthy.

Sanitary Science and Physical Development.

BY E. R. ARMISTEAD, M. D., PRESCOTT, ARK.

[An address delivered before the Southwestern Arkansas Medical Association October 13th, 1890.]

Mr. President and Gentlemen—Referring to the learned address of Dr. Hart at our last meeting, in a concluding paragraph of which is stated that prevention rather than cure would characterize the future of medicine, the thought occurred to me in casting about for a subject for a paper, which I was appinteod to read upon this occasion, that I could not do better than undertake to present some thoughts upon sanitary science and the need of the age for greater physical development.

General hygiene, embracing the whole subject of preventive medicine, has for a long time been relegated and referred to State, county and municipal boards of health, and these boards have acted only in the face of some impending calamity, or visitation of some epidemic or pestilence.

But the general subject of sanitation has received a decided impulse within the last three or four decades, insomuch

that it is now claimed that the average of human life has been raised from about thirty-three years to four or five years above that figure.

The wonderful progress that has been made in the facilities and comforts of living—the ease of travel—the wide-awake desire to live well and easy has done away with old methods, and good cooking is now the rule rather than the exception among the millions.

Many of the hardships encountered by our forefathers in this struggle for existence have been superseded by ease and comfort. The accumulations of industry has led to independence, diffused through all ranks and conditions of society, until the relative sum of hard want is small, compared with comfort and independence.

The age has been impressed with such progress that even those *classes* who lived in destitution have been able to secure many of the flowing luxuries.

In this country the poorest individual, by exertion and well directed effort can secure the healthiest diet and clothing, and suffer but little destitution. This is not equally true of counties where populations are dense and crowded, and have limited means of physical energy, as in many countries in Europe.

The practice of hygienic regulation antedates the Christian era. Moses gave commands concerning the cleaning up of the camps of the Israelites in the wilderness, and explorers have found evidences of well-arranged ventilation among the ruins of Egypt and the east.

My subject embraces all that is included in modes of living upon the preservation of health, the effects of climate, dress, food, sleep, ventilation, exercise, drainage, fire, physical culture, bathing, personal cleanliness, *habits*, etc.

Such is the definition of the general subject, all of which applies to schools and communities, to city and country, to young and old, prince and pauper, male and female, thus covering the entire field of everything that should be practised and cared for in order to live in the enjoyment of reasonable

health. But it would require a series of lectures to do justice to so many items and only a few can be treated of in this paper.

In these latter days of keen thought and rapid action, the wheel of progress revolves so swiftly that a new subject is scarcely born, before it is old, and such multitudes are drawn into fields of investigation that even the literature becomes a burden, and time is lost in the search after that which may be called "a survival of the fittest."

All knowledge, no matter how great nor how small the subject, whether it embraces the whirl of the constellations, or the discovery of microscopic organisms; no matter how near to the age we live in, or how lost in the fogs of antiquity, has a a value due to intrinsic truth.

We are guided in all the affairs of life by practical knowledge, with a definite bearing upon human society and welfare, and we cannot afford to neglect the smallest suggestions in our surroundings of what concerns our own tenure upon the vital spark called living.

It is impossible in this short paper to follow the beaten track of those who have written and spoken upon public hygiene. But I may be excused for saying something upon the elementary gases that compose the air we breathe and the water we drink. But it is only telling this learned society what it knows already. To say that oxygen is the vitalizing element, and that carbonic acid is irrespirable; that the one is taken in from the atmosphere and appropriated to the wants of the system, whilst the other is given off; that oxygen forms 21 per cent. nitrogen 79 per cent., whilst carb. acid bears the relation of six parts in 10,000 of the volume of atmospheric air. It will be nothing new to say that carb. acid is identical with what is known as *air damp* in wells, and that to sleep in a tight room by a pan of ignited charcoal is to commit suicide.

Nor is it worth while to recite the fate of the 146 British troops captured by Surajah Dowlah in 1756, and confined in the historic black hole of Calcutta—twenty-feet square—with so little ventilation that only twenty-three of the number sur-

vived the horrors of the night. The other 123 perished for want of oxygen or were poisoned by carb. acid gas. This historic and scientific incident is patent to all physiologists.

This I have endeavored to touch in a general way upon the high places only in my subject, and ask your attention now to what is known as the "germ theory," or more properly, the germ discovery, as I presume there are few now so skeptical as to dispute the testimony of so many men of distinguished scientific attainments, both in the old world and in the new. The researches of such men as Pasteur, Virchow, Davaim, Lister, Tyndall and Koch, of the old world, together with very many explorers in this field in America, leave but little room to doubt the existence of micro-organisms in the air we breathe and in the water we drink. Whether these scientists have exaggerated their discoveries in this "terra" incognita, or not; whether these infinitessimals are capable of playing such havoc with the great organs of the human economy or not, the belief is fast becoming gospel to modern medical thought, and those of the multitude who are excluded from looking at these *wigglers* for want of means and opportunity, have to accept the statements and testimony of those who have. At present there can be little doubt of the truth of the Latin maxim or proverb, "*Natura in minimis maxima miranda*," for nature is certainly very wonderful in the smallest of the production, and remarkably so in those things appreciable to the senses.

A commission was sent out from Europe a few years ago headed by Robert Koch, of Berlin, with whom was associated a corps of scientific gentlemen from Mecklenburg states into the Trans-Alpine regions, then being devasted by what is known as Asiatic cholera. The pest was prevailing in Italy, India and Egypt. The object of the expedition was to study, not so much the symptomatology and treatment of the disease as to endeavor to learn by scientific investigation its ætiology.

At very considerable risk to personal safety the commission proceeded into the infected countries, and, to be brief, upon its return, reported the ætiological factor to be a bacillus to which they gave the name of comma, perhaps from its resem-

blance to that mark of punctuation, and at that time the ravages were noted to be the greatest in localities most densely crowded, and where the greatest neglect of personal cleanliness prevailed, and in sections of great destitution.

For quite a number of years cholera has been kept out of Europe, and this country, by well-directed systems of sanitation ; in other words, by cleaning-up processes.

It is now announced that it has invaded Europe from Asia (its home) at several widely separated points, and has assumed a threatening attitude of again becoming a foreign traveler.

But it is to be hoped that, as heretofore, the forage upon which it fattens, which, as in the military movements of the world, is often taken from the enemy; that all those known causes of infection, both in this and the old world, will be removed, and the fiat will be pronounced "thus far, but no farther."

So with the vomito or yellow fever that never ceases to exist in tropical regions; as the cholera lives in Italy and the east, so the vomito finds its dwelling-place beneath the equator on the western continent and on shipboards furnishing the necessary conditions for the life of the bacillus. At one time, in the early history of this country, Philadelphia, being a port of entry and receiving vessels from all portions of the commercial world, was as much visited with yellow fever as Pensacola, Mobile and New Orleans are now. But it is now a noteworthy fact, that whilst Philadelphia is no more visited by the fever, it is equally noteworthy that she enjoys the reputation of being the cleanest city in the world.

In 1878 the yellow fever broke out with great intensity in New Orleans, and commenced to travel up the Illinois Central Railroad. A case occurred in Grenada, Miss., afterwards traced to a traveling trunk. The authorities undertook to clean up the town ; a ditch that drained a large part of the city was opened and *accumulations* were thrown out under the vertical rays of an August sun. The germ found here its PABULUM, and the history of Grenada is now read on its monuments. So of Memphis in the same year. The enemy came and found a

most miserably defective system of sewerage, if, indeed, it could be called a system.

Years ago scurvy infested our navy and merchant marine. Men went down to the sea in ships to remain afloat from two to three years in whaling and other voyages. The scurvy kept them company. Treatment was of no avail. Death and an ocean burial was the result. At length some advanced thinker laid in ship stores of vegetables, as cabbage, limes and lemons, and now scurvy is no more.

Prof. Virchow, in his celebrated "Archives" (the date not remembered), in an article entitled: "The Trouble of the Cells and the Bacteria," speaking of the enthusiasm created by the discoveries of the micro-organisms, says that a number of youthful explorers at once entered upon the field, and soon the world was full of remarkable discoveries from these explorers. Each new species was promptly heralded, and these questions always came up for answer: First, there was the question as to the actual discovery; secondly, its mode of life, and thirdly, and most difficult of all, how does it produce the disease?

Now, as said before, whether all these views and theories as detailed be true or false, it is to be hoped that an early day will witness the advent of some genius to whose clear and comprehensive intellect it shall be given to dispel doubt and darkness; whose words shall be another fulfilment of repetitions of that first and greatest command, "Let there be light."

This much having been said upon the theory of micro-organisms and those diseases known to be caused by them, it is my purpose to devote some time to disorders that cannot be traced to any such origin.

For example, there is that large class of nervous diseases which no one will have the hardihood to refer to any such origin—the neuralgias, hyperesthascas, neurasthenias, hysterias, hystero-epilepsies, chorias, insanities and all that list of maladies that find a lodgment in the profoundest mysteries of enervation. It is gratifying to know that at a time when scientific thought was engaged with the mysteries of the microscope,

other minds were engaged in mining deeper amongst the complexities of the nerve centres with their innumerable reflexes, and tracing from effect to cause, sounded all the "shoals and depths" of sympathetic and reflex action. Tracing among the labryinths have gone so far as to locate cerebral abscesses and tumors; and the daring knife of the surgeon has even removed brain growths and opened abscesses.

Successful Removal of a Tumor in the Brain.—At a recent meeting of the Berlin Medical Society, Dr. H. Oppenheim described an operation of this kind. The patient was a woman aged 36. She had enjoyed excellent health till last September, when she began to suffer from clonic spasms in the temporal region and in the left arm, and frequent convulsions. The symptoms recurred, and a diminution of the sensibilities of the left arm and side set in. As internal treatment only made the patient's condition worse, and the left foot also became rigid, the skull was opened on April 26, and the surgeon removed a tumor about the size of a crown piece. The patient has felt decidedly better since the operation. She can move the left arm and foot without difficulty, and can walk about.—[Lancet.

There is a large class of maladies also that seem to defy alike all efforts at prevention as well as cure, and sanitary science can do no more than insist upon obedience to general laws of health, such as nutritious, well-cooked diet, taken with moderation and regularity; exercise; sound, regular and refreshing sleep, attention to the regular action of all the organs, and the avoidance of all excesses of any character.

I take the ground that many of our diseases, especially of the nutritive organs, refer to improper indulgence, or to improperly prepared food. In other words, that many of our maladies, especially those of the nervous system, come to us from the kitchen—disordered functions caused by improper quantity or quality of ingesta.

But we must not forget the influence of temperament upon health, nor should we forget the influence of habits. It is

beyond the compass of my time to even refer to all the deleterious influences preventing sound health.

And dismissing here any further reference to microbes, I wish to devote some time to the subject of school hygiene.

Under the caption of the physical basis of brain work, an article appeared in the North American Review from the pen of Woods Hutchinson (whoever he is). The thoughts presented are worthy of attention, and worthy of a place in the North American Review.

I beg to quote from the article.

The writer shows that those races have been intellectually greatest which have been physically best developed. He says: "Many of the suits of armor in the Tower of London would be a tight fit for boys of sixteen today, while the average British soldier finds his hand cramped for room on the hilts of the renowned cross-hilt swords of the Crusaders, and going a step further back, the old Greek stone sarcophagi are nearly half a head too short for the average man of today."

Again he shows that the athletic performances of the ancients are easily excelled by modern athletes.

As examples of the simultaneous physical and intellectual superiority, he mentions the Babylonians, Persians, Greeks, Romans, Germans and English.

The fact is explained by the physiological fact. "1. That the voluntary muscles are the true blood-supply regulators of the whole organism; in other words, that the brain of a man whose muscles are the most thoroughly developed and frequently exercised will have the fullest and richest supply of life blood; in short, that good muscle means good possibility of brain work. 2. That as the muscles are both the protectors and the tools of the brain, the more perfect their development the greater the ease with which it can both escape injury and perform the functions necessary to the support of animal life, thus leaving a greater proportion of its power to be expended in the direction of purely intellectual development. 3. That even the simplest co-ordinate successive contractions of muscle fiber draw upon and develop not only the five senses and their

centers, but large tracts of the cortex itself, which, if not immediately concerned in the higher mental processes, are most intimately connected with the cells and tracts that are."

The writer closed with the following very sensible suggestions:

"1. That a play-ground for summer and a well-equipped gymnasium for winter should become indispensable adjuncts of every graded school building. 2. That for every hour of study the pupil should be expected, and, if necessary, obliged to spend an equal time in vigorous physical exercise, if possible, in the open air, for proficiency in which credit should be given him in his final average. 3. That a thorough knowledge of the laws of health and the physiology of exercise should be required of every teacher. 4. That at least half of the teachers should be men, and be selected with a view to not only their mental and moral, but also their physical fitness to become the ideals of the rising generation."

The greater necessity for physical development is being realized everywhere. In order to have a "sound mind in a sound body," "*mens sana in corpora sano*," it is necessary to look after physical development while the mental faculties are being trained. They are mutually dependent upon each other.

In order to have a sound body there must be sound digestion and assimilation, sound respiration and circulation, and sound enervation. With all these functions in active play, the person may be called healthy and the mind sound.

It is in this chain of thought to consider the operations of the brain at this point. The human brain has to be considered in a double or two-fold sense, as the organ of thought, and as the center of the nervous system.

I leave casueist and metaphysicians to settle the question as to whether the mind is a brain product, or whether the brain is an instrument of the mind. Regarding it in either sense, our subject must embrace its manifestations.

Taken as the center of the nervous system, it sends out through the medium of the nerves power to organs to act. Separate an organ from the brain, it cannot act. And right

here is exhibited the profoundest play of co-ordination. In order to act, the brain requires good vitalized blood. The heart sends the venous blood to the lungs, there to discharge its load of carbonic acid, and take on a supply of oxygen, in which condition, upon its return, it is sent to the brain. In exchange for this, the brain furnishes enervation to the heart and lungs. So that there is here a perfect round of co-ordination, a mutual relation and dependence, a confederation, over which the brain may be said to preside. Now suppose some hitch to occur in this movement, suppose the heart, by reason of diseased valves, to be unable to send the proper supply of "blood to the brain," or suppose the blood sent is poor in vital nutrition; then the enervation is imperfect. I trust I have made myself understood sufficiently.

My meaning is, that with any disturbance of the corelation and dependence of the vital functions enumerated, there cannot be efficient *cerebration*, either in nerve power or mental action.

The juvenile part of our population, which swells the volume of the census work, is being educated up to the wants of the age. Free education is demanded and adopted, and a resort is had to taxation for the purpose of creating school funds. This has given rise to a class of professional teachers, and under normal methods the heads of the rising generation are undergoing a cramming process, and the brain power of the schools is run to its utmost capacity, and in many cases regardless of the laws and demands of health; and whilst foundations are being laid for finished scholarship, the physical constitution is being undermined.

One more decade, and the grand old century will be buried beside its eighteen brothers, IT the largest of the family, leaving behind to its successor an inheritance of truth rich with the spoils of time; rich with the results of the conquest of mind over matter, a grand legacy. It is said we have no means of judging the future except by the past. If we do so, and consider the achievemnts of science and learning during the present generation, the last of the dying old century, and con-

template the wonders that are to be revealed in the next, we are lost in the immensity of the coming grandeur.

The dynamo has been performing a conspicuous part in illumination, and as a motor and electro-thorapy is attracting more and more attention. What a field lies before that mind who shall take up the subject of electro-dynamics where Edison shall lay it down! And by new invention and discovery, improving upon existing methods, make the subtle fluid available not only in treatment of morbid growths and processes, but also make it available in antisepticism. How it is to come about is not clear, but it is my opinion that electricity or magnetism, in some form and manner, will be made to sterilize atmospheres as well as liquids, and destroy disease-producing germs.

Some one may say that is not science. That it is a fancy sketch, a stretch of the imagination, an eutopian dream. Still, who shall say, looking about us, that something of the sort will not crystalize into reality?

At any rate, it is used here only to emphasize the necessity for greater physical culture, in order to enable the coming generation to keep up with the procession in the grand march of the twentieth century; in order that we put forward only vigorous and robust physical men and women to cope with the possibilities and exigencies that are awaiting them in the future.

Whosoever falls into line with an enervated frame may expect to be left behind.

Whosoever debases his physical faculties and capabilities by vicious indulgences in dissipation may expect to be left behind, and we can not afford to send our representatives into the near future with dwarfed, enfeebled bodies and minds to cope with its impending possibilities and exigencies.

The practice of medicine will be divided, as it is already being, into sections and specialties. It is already too vast for the mind of any one man to be equally well prepared upon every subject that presents itself.

The necessity already exists for specialism. It will become more and more so, as the years bring these visitations, and the medical world had as well get ready for it.

In conclusion, urging the want of greater physical culture and the necessity of practicing the highest rules of sanitation and hygiene, to fit the race for its coming inheritance, I thank you for your patience.

The State Society.

The officers of the several sections are showing commendable activity in their efforts to obtain papers for the different sections. But they will have to follow their formal notices and invitations by more urgent demands. These notices are as gentle and mild in their effects as is the little powder of calomel and soda on the malaria-soaked, spleen-enlarged, liver-locked, saffron-hued dweller in the swamps.

Officers of the sections, you will have to get out your calomel and jallip, castor oil and turpentine, salts and senna, and croton oil, if you expect to arouse the torpid secretions of the members of the State Medical Society of Arkansas. These remarks do not apply to those ever-willing members who have always done their part on every occasion, and generally without the asking, nor will they apply to those who are going to assist at the approaching meeting.

The Committee on State Medicine.

A copy of the following circular has been sent to each member of the Committee :

My Dear Doctor—You are honored with the position of representative from your county on the Committee on *State Medicine* for our next annual meeting at Hot Springs.

I hope and believe you fully appreciate the importance of the work we have to perform. Upon you, with forty-two other creditable physicians from as many counties in our State, devolves the duty of making a sanitary survey of our entire commonwealth. There is no State Board of Health or other organization for such work, making our committee, as you see, at once the most prominent and important in the Society.

Doctor, please be diligent in seeing that your section of country is well represented with a comprehensive report, noting prevailing diseases, epidemics. endemics, ætiological factors, climatic peculiarities and influences, effects of altitude, humidity, heat and cold, hygienic environments of a general character, public improvements effecting the health of communities, etc.

Also what therapeutic measures have proven most effectual in the way of prevention and cure.

Each member of the committee will be given full credit for his contribution. Please send me your report at least twenty days before the annual meeting.

I am, Doctor, yours very truly, B. HATCHETT, M. D.,
Chairman of Committee on State Medicine.

Section on Gynecology and Obstetrics.

The secretary of the section furnishes for publication the subjoined, a copy of which he has mailed to the members of the Society:

NASHVILLE, ARK., December 23, 1890.

DEAR DOCTOR—I address you in the interest of the Section in Gynecology of the State Medical Society of Arkansas, which section we desire to make especially good at our next meeting in Hot Springs, April 29, 30 and May 1, 1891. In view of this early notice I hope you will favor us with something in this department, either in the way of reported cases or essay, and notify me of the title of the same at your earliest convenience, or at least by April 1, next.

Fraternally yours, W. B. BARNER, M. D.,
Secretary of Section in Gynecology.

Section on the Pratcice of Medicine.

Members of the State Medical Society who intend preparing papers for the lecture on the Practice of Medicine will please furnish me with the title of papers as soon as possible.

Respectfully, A. C. JORDAN, M. D.,
Secretary of Section,
Pine Bluff, Ark.

County Societies.

[The proceedings of County Societies are requested for publication in this department.]

Notice to Secretaries of County Societies.

You are requested to send to the Secretary of the State Society a complete list of the officers and members of your respective societies, together with a list of delegates—when appointed—to the State Society. You will please also give the time and place of meeting of your Society and such other facts as you may deem of importance.

A request similar to this was published several months since, but only two secretaries of local societies complied with it.

L. P. GIBSON, M. D.,
Secretary State Medical Society.
111 E. 5th St., Little Rock, Ark.

The Secretary of the County Society.

The office of secretary of any organization is an important one, but it is permanently so in the Medical Society. No society can prosper or even exist very long which has not

an efficient secretary. As this is the time of the year—just before the annual meeting of the State organization—when many of the local societies hold their annual elections, it is proper to urge upon those interested in their local medical affairs the great importance of a wise selection of their secretaries. Let the *honors* be conferred upon your presidents and vice-presidents, but elect your secretaries from a business standpoint alone. Elect one who will keep a correct roster of your officers and members; notify members of the duties that are expected of them and *see that they perform them;* attend promptly to all correspondence relating to the Society, and perform such other duties as may be demanded of them.

A very learned man once stated that all a man needed to make him happy was a bad heart and a good stomach, but he, the speaker, possessed the very elements of misery—a good heart and a bad stomach. Now all that is necessary to the prosperity of a County Society is a good secretary and a poor treasurer. Be careful that you don't reverse the order in your next election and ruin your Society.

The Southwest Arkansas Medical Association.

The JOURNAL has received the subjoined circular from the secretary of the Southwest Arkansas Medical Association With such efficient officers the Society ought to flourish and bring forth abundant fruit. The topics to be discussed are of such a character as to give every one who may be present an opportunity to say something:

Announcement---1891.

The third meeting of the Southwest Arkansas Medical Association will be held at Hope, Ark., the second Monday in January (the 12th), 1891, at 10 o'clock.

You are cordially invited. If you are not a member already, come, or send credentials and join us. When the Hempstead County Medical Society was converted into a district society, it was with the view of enlarging its area and incorporating in its domain representatives of every county in Southwest Arkansas. Our anticipations have not been chimerical, nor our efforts unavailing. While we are yet in an embryonic state, we feel gratified at the results attained, and the lively interest manifested. We are now represented by the following counties: Hempstead, Howard, Nevada, Lafayette, Clark and Ouachita. Will not Miller, Little River, Sevier, Polk, Pike, Union and Columbia Counties send representatives to our next meeting? We hope to rank next to the State Medical Society in importance and number. Let us blend our efforts, and they will not prove futile.

President King appointed at the last meeting the following essayists, on special subjects :

Dr. D. W. Bright, Lewisville, "Surgery."
Dr. G. H. Andrews, Hope, "Antipyretics."
Dr. W. F. Saner, Hope, "Pneumonia."
Dr. T. A. McLarty, Hope, "Typhoid Fever."
Dr. A. Purdom, Ozan, Voluntary.
Dr. F. L. Maxwell, Saratoga, Voluntary.
Dr. W. P. Hart, Hope, Voluntary.
Dr. G. W. Hudson, Camden, Voluntary.

R. M. Wilson, M. D.,
Secretary,

Hope, Ark., Dec. 26, 1890.

Pharmacy.

[Devoted chiefly to the interests of the Arkansas Association of Pharmacists, under the direction of their President, Mr. W. W. Kerr, Batesville, Ark., to whom all communications relating to this department should be addressed.]

1890–1891.

The old year 1890, with all its joys and sorrows, its debits and credits, its profits and losses, has gone, and the new year 1891, with all its bright anticipations, darkened by its uncertainties, is upon us. This is a favorite season for swearing off from the bad habits of the past, and making good resolutions for the future. It is neither pleasant to remind others of their faults, nor be reminded of them ourselves, but it is sometimes wholesome, and there are a great many druggists in Arkansas who have been indulging in some bad habits for a long time, which we feel it to be our duty to call their attention to, in the hope that they will place them at the head of their list for reformation during the coming year. Among the number is the habit of staying out of the Arkansas Association of pharmacists. This is a very bad habit, aggravated by the fact that it is one which brings no comfort to the indulger; can be amended with almost no effort upon his part; and the reformation would give both pleasure and profit. Another one is the habit of not attending the meetings of the Association. This, too, is a bad habit, and one that cannot be amended with as little sacrifice as the first, but none the less needs it, and the good it would bring would amply repay the cost and more, were it even greater than it is. Let the number in attendance at the meeting in Hot Springs testify that the spirit of reform during this good year has reached this evil and swept it from the catalogue of bad habits of the members of the Association. Still another one is the habit of not writing papers for the edification and profit of that body. This habit seems to have a hold on nearly every member of the Association. We hope to see a great improvement in this regard at the next

meeting. One more, the habit of not subscribing for this Journal. This is one of the worst and most wide-spread of all the long, dark list. Let it be among the first abandoned. The first effort in this direction ever made in the State, and one calculated to do more good for the profession than anything heretofore attempted, it is entitled to your confidence and patronage, and see to it that it gets it. Last but not least, the habit of not writing any communications for its columns seems to have absolutely gotten hold on every pharmacist in the State. Its pharmacy columns have been open for the last five months, and up to this good hour, so far as the outside world can see, there is not a pharmacist in Arkansas who can write his name, or else not one who knows anything to write about.

Price Cutting.

The cutting of prices, which, being translated, means cutting prices on patent physic, seems to be the subject which most does agitate the pill-rolling fraternity nowadays. It formed a leading topic of discussion at the last meeting of the National Wholesale Druggists' Association and the National Proprietors' Association. The retail trade presented their grievances through representatives, and the conventions, like the convention of mice, gravely resolved that the cat must be belled, but how? The final result was that a committee, consisting of M. N. Kline, of Philadelphia, George Kelley, of Pittsburg, and Thomas F. Main, representing the jobbers; E. A. Bigelow, of Lowell, H. M. Sharpe, of Philadelphia, and C. C. Voorhies, of Woodbury, New Jersey, representing the proprietors; and W. B. Thompson, of Washington, D. C., Charles E. Ink, of Columbia, Ohio, and J. P. Allen, of St. Paul, representing the retailers, was appointed to consider the whole matter and report a feasible plan. This committee calls upon the retail druggists throughout the country to write them, suggesting plans, or at least promising their support to whatever plan may be adopted, the object being to secure their co-

operation. We confess to very little sympathy with the whole patent medicine business, and would have no tears to shed if the whole thing were turned over to the dry goods men and dollar stores, but at the same time, they are here, and here to stay, and the druggists have long since so irrevocably committed themselves to the traffic in them, that the trade has become the principal factor in the bread-winning problem, and must be met as it is, and not as it ought to be. So long, therefore, as such is the case, we hope they will avail themselves of an opportunity, which, if closely followed, seems to give promise of success, and render this committee such encouragement and support as it asks for, or forever cease their howl.

Local Pharmaceutical Organizations.

The best place to begin to build a house is at the bottom. so the best way to build up a pharmaceutical association in the State is to begin by organizing local associations in all towns where there are a sufficient number of druggists to admit of it. So far as we have knowledge, there is but one such local organization in the State, and that is at Fort Smith. In that progressive city the druggists have formed an association which includes nearly if not quite all the druggists in the place, proprietors as well as clerks, and when last heard from was succeeding admirably. We confess to a disappointing failure to get some information as to its workings, which we endeavored to do some time ago, but nevertheless, we have information that it has succeeded in unifying the profession in that city and contributed to the pleasure and profit of the business, as it will do everywhere it may be tried. We commend the experiment to the druggists of several other towns in our State; for instance, Helena, Pine Bluff, Texarkana, Hot Springs, and last but not least, a little village on the Arkansas River near the center of the State, commonly called Little Rock. In all these places large and flourishing organizations

might be maintained that would build up and strengthen pharmacy in their respective localities, and contribute to the interest and usefulness of the State Association, and this would in turn throw back a wave of influence for good that would be felt in the darkest corners of the State. There is nothing like organization.

THE PAINFUL DUTY devolves upon us of chronicling the death of Mr. W. L. Maddock, of Newport, Ark. The end was reached at his home in that city on Sunday morning, December 14, 1890. Another old landmark has gone; another link between the pharmacy of today and that of fifty years ago. About twenty months before he was stricken down with rheumatism, folllowed by partial paralysis. During nearly all those long, weary months, he was confined to his room and bed. It is a matter of regret that we have not more of the facts of his life and history as a pharmacist. He was one of the old school, now becoming so scarce, yet keenly alive to everything progressive in it. He was a member of the Arkansas Association of Pharmacists, and took an active interest in all its work. He was an earnest advocate of and a zealous worker for a pharmacy law, serving one year upon the committee of legislation. The Association and progressive pharmacy have lost in Dr. Maddock, as he was universally called, a warm friend and a useful member.

He leaves a widow and one daughter, who have our deepest sympathy. His body was taken to Galesburg, Ill., for for burial.

KLEIN AND SHENDAL is the name of a new drug firm at Hot Springs. Their store is in the Park Hotel, and is said to be the finest in the city. The business is in charge of Mr. Shendal, which is a guarantee that it will be run on pharmaceutical and business lines. They say the "Park Hotel" is a dandy.

THE next meeting of the American Pharmaceutical Association will be held in the City of New Orleans on the 11th of May next.

This will give to the members living in Arkansas one of the best opportunities of their lives to attend, and for those not members to be present and join. It will be a delightful time of the year to visit that city, and the expense from any part of the State comparatively small. The committee of arrangements are actively engaged in making preparations for it, and the well-known southern hospitality will out-do itself in the effort to make it pleasant for all present.

Arkansas is only represented in that body by seven members, not a very creditable showing, considering the number of eligible men in the State. "Every pharmacist and druggist of good moral and professional standing, whether in business on his own account, retired from business or employed by another," is eligible to membership. "Any two members of the Association may propose to the Council the name of any person eligible to membership, and if approved the Council shall recommend the person named to the Association, and if the Association shall, by vote, invite said person to become a member, his membership shall be completed by his signing the Constitution and By-Laws, and paying the annual contribution for the current year." The annual contribution is five dollars per annum.

Since the above was written we notice that the date of the meeting has been changed to April 27th, instead of May 11th. The change was made in consequence of the fact that the American Medical Association meets on the first date in Washington, D. C. By the present arrangement the delegates that may be appointed by the American Pharmaceutical Association to the Section of Materia Medica and Pharmacy of the former, will have time to attend both meetings.

MESSRS. SAYLE & ASHBY, of Little Rock, have sold out their drug store to Dr. Walter.

THE STATEMENT has been going the rounds of the journals—this one included—that tincture of iron, applied to the urine, was a sure test of the presence of morphine, and as such could be used to detect the morphine habit. Our notice of it was based on the well-known color reaction of tincture of iron with an aqueous solution of morphine. The test has been shown to be false, and along with the rest of the boys, we will have to call it in. We make it a rule not to publish more than we can conveniently take back when it becomes necessary.

MR. JOE H. DAVIS succeeds O. A. Johnson in the drug business at Hot Springs. We wish him much success and hope Mr. Johnson will not decide to leave the ranks of the pill-rollers permanently, as we understand he contemplates.

MR. ROBT. G. DAVIS succeeds to the stock, business, good will and widow of the late B. W. Goode, deceased, of Hot Springs, his former employer. This is almost too good to be true.

A. GREENLUND, of Hot Springs, has reopened his drug store at the old stand of Gannaway Bros., after a suspension of several months.

Miscellany.

CINCINNATI PRISON CONGRESS.

Report of Delegate to the National Prison Association of the United States—Cincinnati Prison Congress, September 25 to October 1, 1890.

BY P. D. SIMS, M. D., CHAIRMAN COMMITTEE ON PRISONS.

[The careful reading and study of this paper is respectfully urged upon our representatives now in State Legislature assembled. There is no question of more importance or of more difficult solution than that of the *proper punishment* and *care* of criminals. As too truly stated in this paper, the question in the Southern States has been and is now one of finance only, whereas, the more important problems of *prevention* of crime, *just punishment* and *reformation* of the criminal have been ignored almost entirely.—EDITOR.]

CHATTANOOGA, TENN., November 25, 1890.

To the President and Members State Board of Health:

As a delegate and representative of the Tennessee State Board of Health, I attended the late congress of the National Prison Association, held in the City of Cincinnati, from the 25th of September to the 1st of October.

A reasonably large attendance was present, and a marked interest was manifest on the part of the membership of the Association. Little interest, however, was shown by the people of Cincinnati in the deliberations of the body, notwithstanding the fact that this was the twentieth anniversary of the Association and Cincinnati the city of its birth.

The active membership of the Association is composed of two classes—practical and theoretical penologists—those who are studying the crime disease clinically at the bedside of the patient, and those who are studying it in the privacy of a studio.

The former are prison officials, men and women professionally engaged in the care and discipline of criminals.

The latter are men and women who are studying the crime question outside of prison walls—philosophers, philanthropists, theologians, lawyers, doctors, statesmen—very few politicians.

Interesting papers were read and elaborately discussed, presenting all phases of the crime question—practieal papers on practical questions, from men and women long engaged in the cure of crime; learned papers from learned men, who are studying penology as a science, hunting for the hidden causes of crime, believing that no intelligent curative or preventive treatment can be instituted without a thorough knowledge of the cause, the condition precedent to the crime. That condition is the crime disease, and its successful treatment should be the prime object of all penal discipline.

A tendency has been apparent for the last few years, more pronounced, I think, in this than in any former congress of the Association, for the body to separate into two factions more or less divergent in their lines of thought—the one emphasizing and amplifying heredity as the primal and principal cause of crime; the other regarding environment as responsible for the crime disease; the one believing that the criminal is born, the other that the criminal is made—the materialist and the moralist; the one believing that the criminal is born with a certain physiological development, with a certain and fixed correlation of nerve forces transmitted to him as the combined product of his parentage, in such manner as to make crime in him a necessity of his nature; the other holding that each individual in his psychical essence, in his moral potentiality, is created and not evolved or reproduced from his like, and that the development of that potentiality will depend upon surroundings that will direct him to good or evil.

The contest between these two lines of thought in this Association is often marked with some degree of spirit and sharpness. The former, carried to its ultimatum, would apparently eliminate entirely the determining power of the will as an element in the causation of crime, and would preclude the possibility of reform; the latter would make man purely a creature

of circumstances. Truth probably lies in the middle ground between them. Heredity gives a strong bias of character. That character, like the physical organism, is the product of combined forces under fixed laws—the natural, fixed product of the combined parentage. Like the physical organism, however, it is but a potentiality. What its development will be depends alike upon its environment.

The great desideratum of penal discipline, is the protection of society. This is the only natural right that society or government, which is authorized society, has to administer, penal discipline or any penal measures. Vengeance, retributive punishment, belongs alone to Omnipotence. Protection, self-preservation, is an inherent right. Society may offer its sympathy, its bounty, its succor to the afflicted, to the defective, whether physically, mentally or psychologically defective, but it can rightfully lay the strong arm of its coercive power on the defective only when its own safety is attacked or menaced by the defect. The State may rightfully compel the education of its children to the extent of necessary qualification for good citizenship; otherwise the State is endangered. The State may rightfully seize those suffering from pestilential diseases and confine them for treatment segregated from the non-infected community; otherwise all may suffer. The mentally unsound are placed in hospitals or asylums for treatment or care in order that both society and themselves may be protected, and that, if possible, they may be returned again useful members of society. The moral delinquent, as long as his decadence affects no one but himself, is no more amenable to governmental interference than the man suffering from non-infectious disease. He may merit sympathy and help, but society has no right to discipline him. When, however, his moral obliquity trenches upon the rights of others, then he becomes a subject for corrective discipline.

The school, the hospital, the asylum, the prison, all bear the same relation to society. All are intended for its betterment, for its protection; all are for the weak, the dependent,

the defective. Whenever society—the state—comes to regard any one of these institutions as one of its sources of revenue instead of a necessary and legitimate expenditure, it has lost sight of the proper purpose and intent of the institution, and must of necessity fail of the good for which the institution was primarily intended.

Of the three institutions considered more especially corrective, the infirmary, the asylum, and the prison, the last is by far the most important to the safety of society, yet it is treated as least important.

To treat those suffering from pestilential diseases, the highest order of expert talent is thought necessary, not only for the good of the patient, but for the protection of society. In the care and treatment of the intellectually delinquent, the insane, we expect not only the highest order of talent and professional attainment, but long and ripe experience, insomuch that these positions are supposed to be removed from all political influence. But when the moral nature is subverted; when moral reason is dethroned; when moral sense and sensibility are diseased—instead of an effort to correct this obliquity, threatening the very life of society, by calling into requisition the highest order of corrective and instructive ability, we content ourselves with relegating the whole matter to the field of partisan politics as a part of the spoils of office, satisfied with the experiment if it has brought apparent financial gain and not loss to the State.

A close study of the three classes of delinquencies—physical, mental and moral—brings out many common characteristics, and enforces the idea that the highest order of talent and attainment should be called to the care and treatment of each. Two elements enter alike into the causation of each. The three in varying degrees and in their various phases, are infectious or communicable. Of the three, the moral obliquity is perhaps the most infectious. The three are alike prone to relapses; and here again the preponderance is on the side of the moral invalid, so much so that many lose faith entirely in the ultimate

cure of the criminal. We have no more right, however, to pronounce the criminal incurable than we have to make the same unfavorable prognosis of the physically infirm, until we have given him, like them, all the aids that science can furnish to help him out of his malady. When that has been done, and he has been found irreformable, if his moral obliquity is sufficient to endanger society, in the first place, like the hopelessly insane or the incurable leper, he should be permanently separated from society by life imprisonment.

It is a humiliating fact to us, that while from the peculiar character of the class of our population, furnishing the larger proportion of criminals in the Southern States, we would be expected to be most interested in all investigations after practical facts in connection with the prison question, we are, on the contrary, apparently least interested. With a very few exceptions, our legislators, our judiciary, our professional men —in fact, all men supposed to take interest in questions of public policy—utterly ignore this as a tabooed question.

In this Cincinnati conference, held at the border line between the Northern and Southern States, alike accessible to both, in a delegation of 117, there were from the Southern States, all told, eleven persons directly or indirectly connected with prison management, and four not so connected. This fact in itself might seem of little importance, but it becomes significant considered in connection with comparative statistics of prisons in the two sections.

Since returning from the congress I have, from the last published reports of most of the prisons in the country, tabulated some statistical facts as shown below, referring only to their results as to deaths and escapes in their prison population:

PRISONS.	Average Number of Prisoners.	Number of Deaths Per Annum.	Number of Deaths Per Thousand.	Number of Escapes Per Annum.	Number of Escapes Per Thousand.	Years of Reports.
Chicago House of Correction	710	18	25	10	14	1890.
United States Military Prison, Kansas	481	0	0	0	0	1890.
Indiana Prison, North	725	7	9	1	1	1890.
Joliet, Ill	1,390	37	26	0	0	1889 and 1890.
Albany, N. Y	817	12	14	0	0	1890.
Sing Sing, N. Y	1,448	25	17	0	0	1890.
Auburn, N. Y	1,268	25	19	0	0	1890.
Clinton, N. Y	851	14	16	0	0	1890.
Insane Criminal, N. Y	219	10	45	0	0	1890.
Elmira Reformatory, N. Y	922	8	9	0	0	1890
San Quinten, Cal	1,375	31	22	6	4	1890.
Folsom, Cal	488	6	12	3	6	1890.
New Hampshire	115	1	8	0	0	1889 and 1890.
Massachusetts State Prison	575	3	5	1	2	1890.
Massachusetts Reformatory for Women	221	3	15	0	0	1888, 1889, 1890.
Massachusetts State Reformatory	656	7	10	5	8	1890.
Michigan State Prison	780	6	8	3	4	1890.
New Jersey State Prison	965	9	9	0	0	1890.
Total	14,006	222	15	29	2	

PRISONS.	Average Number of Prisoners.	Number of Deaths Per Annum.	Number of Deaths Per Thousand	Number of Escapes Per Annum.	Number of Escapes Per Thousand	Years of Reports.
	1,371	62	45	82	60	1889 and 1890.
	1,089	71	65	58	53	1889 and 1890.
Alabama State Prison	1,498	80	53	40	26	1889 and 1890.
Virginia State Prison	1,031	32	31	10	9	1890.
Arkansas State Prison	604	33	54	32	53	1890
Florida State Prison	316	12	38	5	16	1890.
Mississippi State Prison	475	19	40	49	103	1890
Louisiana State Prison	850	83	98	54	63	1889 and 1890.
Tennessee State Prison	1,438	38	26	45	31	1889 and 11 months of 1890.
Texas State Prison		91	28	83	25	1889 and 1890.
Georgia State Prison	1,615	53	33	20	12	1889 and 1890.
Total	13,537	574	42	478	35	

From this it seems that deaths in Southern prisons now average fotry-two and a fraction per thousand per annum, varying between that of Louisiana, ninety-eight per thousand, which is the highest, and that of Tennessee, twenty six per thousand, the lowest, while in Northern prisons the average annual mortality is fifteen and a fraction per thousand, running from twenty-six, the highest, if we except a prison in

New York for insane criminals, down to nothing in the United States military prison in Kansas.

In the matter of escapes, the comparison is even worse. The Southern States reported, with a prison population of 13,539, allow to escape in the year 478, or thirty-five per thousand. In Northern prisons, reporting a prison population of 14,006, the whole number of annual escapes is twenty-nine, or two per thousand.

Southern prisons—the whole prison question in the Southern States—seem in the last twenty-five years to have become a question of finance. In Northern States the rule is that the State prisons are an expense to the State. Those showing a profit, or even self-sustaining, are the exceptions. In the Southern States the universal rule is just the reverse. They are conducting their prisons as penal institutions, and we are conducting ours as financial institutions, counting them regularly as one of our sources of revenue. Do the results to society and to our civilization justify the system? The answer of the civilized world is against us.—[Tennessee State Board of Health Bulletin.

The New Building of the Medical Department of the Arkansas Industrial University.

On the 5th of January the elegant and commodious new building of the medical department of the Arkansas Industrial University was occupied for the first time. There was no unusual ceremony attending the event, but it marks an event of more than ordinary importance to the medical profession of the Southwest. For twelve years the school has occupied a handsome building on Second, between Louisiana and Main streets, but as the structure had been erected for other purposes, the faculty never felt quite comfortable in it, and long ago determined to build an edifice that would be a model of its kind—handsome, commodious, comfortable. The new col-

lege is on the corner of Second and Sherman streets, situated on a lot 50x100 feet, the building being 40x100, and three stories high. The first story has a large lecture hall capable of seating comfortably 250 students. In the rear of this is a number of rooms suitable for all the uses for which such apartments in a medical college are usually set apart. On the second story is the model amphitheater, as capacious as the lower lecture-room, and affording students every facility and comfort for witnessing surgical clinics and demonstrations of all kinds. Surrounding and in the rear of the operating amphitheater are more rooms, well adapted for the uses for which each has been selected. On the third floor is one of the largest, best lighted and most convenient dissecting-rooms to be found anywhere. The building is splendidly lighted and ventilated, supplied with water, gas and electricity, and has a fine elevation.

The lecture-room and amphitheater are supplied with comfortable and substantial opera chairs. A contract has already been let for paving East Second street through its entire length. When this is completed the college will be pleasantly accessible by vehicle in the worst weather, as it is now by the street cars, which pass within one block. The patrons of the college have increased in numbers and intelligence every year, until at the present there are nearly a hundred students in attendance. The faculty have done their work conscientiously, quietly and well, and the thanks of the doctors in all of this part of the country ought to be given them.

The Composition of Koch's Lymph.

As the JOURNAL goes to press Prof. Koch has given to the world the composition of his discovery for the cure of tubercolis. It consists of a glycerine extract derived from tne pure culture of the tubercle bacilli. Its mode of preparation is therefore so complex and delicate that its production should not be undertaken by those unskilled in such work. Koch states

nothing particularly new, in his latest report, concerning the therapeutic effect of his remedy. He gives a resume of the experiments by which he arrives at his conclusions. He states that "since publishing, two months ago, the results of my experiments with the new remedy for tuberculosis, many physicians who received the preparation have been enabled to become acquainted with its properties through their own experiments. So far as I have been able to review the statements published and the communications received by letter, my indications have been fully and completely confirmed. The general consensus of opinion is that the remedy has a specific effect upon tubercular tissues, and is therefore applicable as a very delicate and sure agent for discovering latent and diagnosing doubtful tuberculosis processes.

"Regarding the curative effects of the remedy, most reports agree that, despite the comparative short duration of its application, many patients have shown more or less pronounced improvement. It has been affirmed that in not a few cases even a cure has been established. Standing quite by itself is the assertion that the remedy may not only be dangerous in cases which have advanced too far—a fact which may forthwith be conceded—but also that it actually promotes the tuberculosis process, being therefore injurious. During the past six weeks I myself have had opportunity to bring together further experiences touching the curative effects and diagnostic application of the remedy in the cases of about 150 sufferers from tuberculosis of the most varied types in this city and in the Moabite Hospital. I can only say that everything I have latterly seen accords with my previous observations. There has been nothing to modify what I before reported. As long as it was only a question of proving the accuracy of my indications it was needless for anyone to know what the remedy contained or whence it was derived. On the contrary, subsequent testing would necessarily be more unbiased the less people knew of the remedy itself."

Books and Pamphlets.

THE MEDICAL REVIEW VISITING LIST, PERPETUAL, is a new one and has some advantages over some of the older lists. It is small and compact, the printed matter well selected and blank pages nicely arranged. Just why the alleged composition doses and uses of *Dioriburnia* and *Palpebrine* are given under the *table of doses*, and the several hundred other proprietary remedies of a similar class are omitted, is not stated by the editor in his nice little preface; but the book has more than enough good things to make up for this little (financial?) error. J. H. Chambers & Co., St. Louis., are the publishers. and the list will be mailed on receipt of the price, $1.

THE MEDICAL BULLETIN VISITING LIST NO. 1, F. A. Davis, publisher No. 1231, Filbert Street, Philadelphia, Pa., is another one revised to the extent of making it almost new. It is well bound, substantial, and contains many valuable tables and references in the printed matter, while the arrangement of the blank pages is most admirable and labor-saving to the doctor. By the arrangmemt of the leaves it is made necessary to write the patient's name but once a month; this is a neat and valuable device for which those who use it will be thankful. The price is $1.25 net.

THE JOURNAL has received "LECTURES AT ST. PETER'S (IN 1890) ON SOME URINARY DISORDERS CONNECTED WITH THE BLADDER, PROSTATE AND URETHRA." By Reginald Harrison, F. R. C. S., London; Bailliere, Tindall & Cox, 20 and 21 King William street, Strand, W. C.

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ADDRESS:— LORENZO P. GIBSON, M. D., Managing Editor.
No. 111 E. Fifth Street, Little Rock, Ark.

All members of the Society should send their annual *dues* to the *Treasurer*, A. L. BREYSACHER, M. D., No. 121 W. Second Street, Little Rock, Ark.

VOLUME I. FEBRUARY, 1891. NUMBER 8.

Editorial.

MEDICAL MATTERS IN THE LEGISLATURE.—So far nothing has been done looking to a change in the present medical act. Dr. Clements of Yell County, has introduced in the Senate, and it has passed that body, a bill to provide for revoking doctor's license for unprofessional conduct, such as committing abortion, advertising to cure palpably incurable diseases, accepting a fee in advance on promise to cure such diseases, employing drummers, etc. This is a good bill and should become a law in spite of the influence of the opposition it receives in the House from that sect or those sects that are opposed to all legislation having for its object the advancement of the legal standard of medical practitioners. The

drumming doctors of Hot Springs are doing their utmost to defeat it. The pharmacy bill has passed the Senate and is now in the House. The Senate has generally heretofore been the more progressive of the two legislative bodies, and it remains to be seen whether this House will fall below the standard the personal appearance of its members indicates that it ought to assume. If a liberal appropriation shall be made for exhibiting the products of Arkansas at the World's Fair, and no change is made in the present medical laws of Arkansas, or appropriation provided for the State Board of Health, THE JOURNAL would like to have the privilege of exhibiting at that great exposition, along with other Arkansas productions, some who are now practising under the provisions of the present act, together with some of tneir work; also a few hundred death certificates of persons who have died of absolutely preventable diseases, and whose lives would have been spared if there had been a working Board of Health to take charge of the public health.

STATESMEN AS SANITARIANS.—From the first day the Legislature assembled one or two motions have been made each day having in view the better ventilation of the assembly halls. One gentleman moved to let down the windows from the top. Another day a motion was adopted to have holes cut in the sky-light; and later came a motion to appoint a committee to ascertain if fire-places could be built in the hall of the house. A member of the Senate got through a resolution instructing the janitor to procure thermometers for use in the Senate chamber. Such proceedings would be ludicrous in the extreme if they were not reminders that at the hotels, boarding houses, and at their homes were members of the Legislature who had fallen prey to the foul air breathed while in these wretchedly heated and not at all ventilated halls. Already death has claimed a prominent member of the Senate, whose taking off is clearly due to lack of proper heating and

ventilating of the Senate chamber. As mentioned in the last issue of THE JOURNAL, large sums have already been expended for doctor's bills and medicine, besides that most important and costly item, loss of time. So far no member has had the temerity, though numbers of them have the good sense, to offer a bill authorizing, under direction of the proper persons (the State Board of Health), the improvement of the present assembly halls, or construction of new ones. What would Ouachita County have given to have prevented the death of her Senator? How many more good citizens will the State lose before the present capitol death-trap is reconstructed or a new one built. Health is wealth, and life has too many necessary hardships to have to suffer also those that can be avoided.

CONFESSION OF WEAKNESS.—Whenever an effort has been made to raise the standard of requirement to be exacted of those who desire to practise medicine and surgery in Arkansas certain members of uncertain so-called sects in medicine have raised the hue and cry of persecution, and that such legislation was aimed against them and in the interest of the regular profession. The instigators of such beliefs don't seem to realize that these arguments are a confession of the weakness of their schools and alleged mode of practice (for few of them practice what they pretend). This cry of persecution and oppression is old and threadbare, but like the political bloody shirt it is the only standby of certain so called *ism* doctors. When anything new or promising has been discovered, the regular profession has studied it carefully, investigated thoroughly, adopted what was worth having and rejected the trash; and it has rejected much more than it is now using—much more than could be used by any profession of human beings.

The regular profession has always striven to raise the standard of its own members, and in doing this has had neither time nor inclination to pay attention to those who dress up in cer-

tain grotesque *ism* uniforms and bark at its heels, hoping thereby to attract the attention of the populace, and cry that they have been kicked, and sue for sympathy. Those who cry persecution and oppression are challenged to prove a single case where any member of their alleged sects has been refused license, except for the same cause that would have prevented a member of the regular profession from obtaining it. The regular profession in this State is willing to have enacted a law providing that each so-called school of medicine shall be examined and licensed by members of their respective schools; provided, that each member so licensed shall be *required to practise strictly in accordance with their profession* or forfeit their license.

INFINITESSIMAL MODESTY.—In his address before the Southern Homœpathic Society the president stated that, "Homœpathy has never gained the foothold in the South that it has in the North." [Neither has black feet on white necks.—ED.] * * * "Excepting Missouri, only about 375 are located with us. * * * Of the fifteen colleges teaching the law of similia, not one exists in all this land of ours; of the twenty-two journals disseminating the principles of our school, we do not claim a single one."

And yet these men who practise homœpathy with their mouths, and the old school with their hands and brains, want to be represented on every State, county and municipal board of health; every State and county examining board, as physicians to every State, county or municipal hospital, and because they have been ignored, or there is not a sufficient number of them to have a representation on each and every one, the cry is raised that the "old school" physicians are "entering the Legislatures of every State with some kind of a bill advocating this objectionable form of class legislation."

This last charge that *class* legislation is being urged is correct, but the regular school is advocating a *better class* of physicians, let each belong to what school he may choose.

Some people modestly ask for the earth, but they will not accept it unless it has a gold fence around it, and they want the earth enlarged so they can get more fence.

ECHOES FROM THE JOURNALS OF THE GENERAL ASSEMBLY.—"Roll call. Quorum present. Messrs. ——, ——, ——, and ——, were excused for the day on account of sickness."

"Mr. —— was granted indefinite leave of absence on account of sickness."

"On motion of Mr. ——, the Senate adjourned out of respect to the memory of the Senator from Ouachita County."

"A committee was appointed to attend the funeral of the dead Senator."

"Senator —— is still confined to his room by a severe attack of sickness."

"Senator Clements has been so attentive to the sick Senators that he has been kept very busy, though not in the least neglecting his other duties."

"A telegram was received from President Clarke, stating that on account of sickness he would be unable to attend the Senate, and asking indefinite leave of absence."

"Dr. Clements stated that during the sickness of some of the pages the Doorkeeper had appointed Master Bobby Newell."

And so on from President of the Senate to the pages and janitors. And all of this with enough money in the treasury of the State to keep several men busily occupied for nearly two weeks counting it.

THE PENITENTIAY SEWER.—Whether or not the penitentiary is removed to the country, there is one thing that self-preservation demands, and that is the construction of a proper sewer to convey the sewage of the penitentiary to a place where it will not be a menace to the health and lives of the

people of Little Rock. A much smaller sewer at Grenada, Miss., caused the angel of death to spread its wings over thousands of miles of the Sunny South. It has never been demonstrated that convict sewage is less destructive to human life than another kind, or that because the citizens of Little Rock have stood this outrage so long they are proof against foul odors and death-breeding emanations.

Original Communications.

Cause and Treatment of Ante and Post Parturient Hemorrhage.

BY A. B. LOVING, M. D., PINE BLUFF.

[Read at the Fifteenth Annual Session, Little Rock, May 14–16, 1890.]

I believe that all medical writers agree on this point, that hemorrhage coming on before the birth of the child, is due to partial separation of the placenta, with or without previal attachment. Hemorrhage, however, may take place from cancerous or symphilitic vegitations about the os from a ruptured vaginal, or labial varicosed vein, or varicosed condition of the cervical veins.

A rare form or cause of profuse hemorrhage is a rupture of one of the pudic veins, which, as well as a rupture of a varicosed labial vein has been mistaken for both ante and post parturient flooding.

Hemorrhage coming on soon after the birth of the child is due to inertia of the uterus, either with or without the retention of the placenta. There may be flooding without inertia, due to the firm attachment of the placenta, in part of its extent, "hour glass" contraction, or invertion of the uterus. In speaking of the treatment of ante parturient hemorrhage with previal attachment of the placenta, it will be necessary to

speak at some length to the point. When shall gestation be interfered with for the safety of both mother and child, especially the former?

I will attempt to settle this question by reference to recognized authority.

Dr. Thomas says: "I do not usually act with haste, or on the first occasion of hemorrhage, but generally as soon as I am satisfied the further loss of blood is dangerous, I proceed to the induction of labor."

Dr. Barnes says: "If pregnancy has advanced beyond the seventh month it will be, as a general rule, I think, wise to proceed to deliver, for the next hemorrhage may be fatal; we cannot foretell the time nor the extent of its occurrence, and when it occurs all, perhaps, we shall have the opportunity of doing will be to regret that we did not act when we had the chance."

Dr. Parvin says: "So soon as the bleeding is really serious, and likely, if persisted in, to endanger the life of the mother, then I hold we are bound at once, and without fear of any evil consequences, to dilate and deliver."

"It may be laid down as a rule of general application, and one too, which ought to be rigidly observed, that no matter what the period of gestation, any large loss of blood demands the termination of pregnancy, for to leave the patient to be subject to another attack, coming on, as it would, without any warning, is in truth to place her life in imminent danger. The only justifiable grounds for such a temporizing policy is the concurrence of the following conditions. That the discharge is slight, the period of pregnancy short of six months, the absence of pain, and an undilated os."—Meadows.

Dr. Playfair's evidence is quite as strong; he says: "Not long ago an interesting discussion took place at the meeting of the London Obstetrical Society, on a paper in which the immediate induction of labor was advised in all cases of placenta previa. No less than six metropolitan teachers of midwifery took part in it, and although they differ in details, they all agree as to the inadvisability of allowing pregnancy to

progress, when the existence of placenta previa had been distinctly ascertained."

This seems evidence sufficient to justify us in proceeding at once in any well ascertained placenta previa case, regardless of the stage of gestation, to deliver, when the life of our patient is in danger from further loss of blood, and I would in any such case proceed to expedite labor for the safety of both mother and child, unless the condition of the patient, from loss of blood, be such as to preclude this step, and if so, then as soon as possible after she has recovered from the shock, by every means in my power endeavor to arouse the uterus to vigorous action, and, on the one hand, take due precaution to arrest all external flow from the vagina, and on the other, adopt such means as would especially prevent any accumulation of blood in the cavity of the womb. The tampon is generally the weapon used in cases of ante parturient hemorrhage (this has reference as well to accidental as to unavoidable hemorrhages), and its application should be made to an effectual blocking up of the vaginal canal. The material to be used, may be such as is the most convenient, as the following: Strips of old muslin, cotton, wool or tow will answer. If the strips are used, they should be torn long and narrow. The "roller bandage" would answer well. Then introduce a speculum the full length of the vagina, and pass one end of the strip up against the womb; then pack with the remaining portion tightly till the whole canal is full, and till not the least vestige can be crowded in; over this at the vulva a "T" bandage may be applied, or it may be held by an assistant. A portion of the strip or strips should be left hanging from the vulva in order to facilitate their removal. But we have not always a speculum at hand, and the strips cannot be had of sufficient length; then bits of muslin three or four inches square may be crowded in, cotton, or in fact, anything that can be had. [There is one case recorded where the doctor took his powdered wig and introduced it into the vagina and saved the woman's life.] The tampon may be left in position until we are satisfied the presenting part of the

fœtus is making pressure upon the bleeding vessels, i. e. if labor is in active progress.

We should be mindful that there is a possibility of internal hemorrhage, and to prevent this a broad bandage should be passed over the abdomen and under the loins, and tightened by assistants, as may be necessary. This procedure would not be necessary if the membranes were intact. I believe, however, that it is a rule not to be overlooked, that when the os is dilated sufficient to admit of the finger, the membrane should be ruptured to allow the descent of head or presenting part, which will readily stop hemorrhage by mechanical pressure on the bleeding vessels. Barnes or Molsworth's elastic dilators are sometimes used for their combined action of making pressure and dilating the os.

So soon as we are satisfied that by the descent of the head pressure is being made on the bleeding vessels, we are to remove the tampon and deliver with forceps, if the condition of our patient be such as to demand this procedure; but if the condition of the patient is good and the pains expulsive, then leave the completion of labor to nature so far as the second stage is concerned. If the breach is presenting, a foot should be brought down, and labor concluded in the usual way.

There are other modes of procedure that might be practised in these cases, viz.: Find to which side the placenta is most attached and detach the opposite; rupture the membranes and let the presenting part come down and stop the bleeding. If the vertex is presenting, it is recommended by high authority to turn and deliver, or bring down a foot and leave the remainder to nature.

I have said nothing of ergot in the treatment of the ante parturient hemorrhage, for the very good reason that I have no confidence in it, but it may serve as an adjuvant of great value to increase pains after tampon is well applied. But if the patient is very weak and the circulation feeble, its depressing influence over the heart as well as its tendency to produce cerebral anemia, should be considered as a great drawback to its use.

I come now to consider the best plan to be adopted in cases of past parturient flooding, and would say, first, to bring about prompt and energetic contraction of the uterus, if the placenta is not delivered, the hand should be introduced into the uterine cavity, while the other is applied over the hypogastric region and the womb be continually kneaded or Creed's method practised, until the placenta and all blood clots are delivered, and firm contraction is obtained. This has been my mode of procedure in all such cases.

In Miller's system of obstetrics I find these words: "In the treatment of hemorrhage while the placenta is retained, I have said nothing of injecting the umbilical vein with cold vinegar and water, or brandy and water, of administering styptics, or even ergot; because none of these things could be relied upon. The hand, the *hand* is the main chance."

As to hot water injections into the uterus, it seems to me that there is danger on this line, as the water may enter the peritoneal cavity, producng shock sufficient, if added to that of loss of blood to cause immediate death.

I have seen two cases where the injection of hot water in non-pregnant women entered the abdominal cavity producing profound shock. Both of these women had to be lifted from the floor and carried to bed, and when seen by me were in a state of collapse; tenderness diffused over the abdomen and in one case there was considerable tympanites present. I think there is less danger in the use of vinegar, on a sponge or cloth, or the acid of a lemon; the cloth, sponge or lemon, carried by the hand into the uterus and there expressed. The per-sulphate of iron has been used in these cases, but is not considered a safe remedy.

Ice may be used with advantage. As to ergot, I have never depended upon it to stop post parturient flooding, nor would I think of doing so, as the time lost in waiting for its specific effect, would place our patient beyond remedial agency. I am fully persuaded that none of you would think of delaying one moment for the effects of ergot while the lamp of life was flickering

in its socket, but would stop the bleeding as I have indicated and save your patient from impending death.

Some may take the ground that, hyperdomatically, ergot would do, but I deny this proposition. All of us have noted the time it takes for medicines given this way to take their full effect.

So far as my experience goes, it takes from ten to twenty minutes, and that time lost in these cases might prove fatal if the amount of blood lost had been large before the injection of the ergot.

Ergot may be given to maintain tonic contraction, and thereby secure against secondary hemorrhage. Transfusion in these cases would be the means, doubtless, of saving many valuable lives. But it is not my purpose to speak of transfusion at this time.

Two Cases of Carcinoma of the Uterus.

BY J. T. JELKS, M. D., HOT SPRINGS, ARK.

[Read at the Fifteenth Annual Session, Little Rock, May 14–16, 1890.]

Case I. In June, 1889, I was consulted by Mrs. P. She is a woman 53 years of age; occupation, housewife; and mother of one child. Never had any miscarriages. She ceased to menstruate several years ago, and has been in robust health all her life. In April, 1889, she was very much frightened by a dog, and ran quite a little distance to get away from him. In a few hours she was attacked by a severe hemorrhage. In June, 1889, she had another hemorrhage, and sent for me. Upon inquiry I found she had not suffered with pain in the pelvis. On making a vaginal examination I found a carcinoma of the anterior lip of the cervix, slightly ulcerated. I explained the nature of the trouble to her husband, and advised a surgical operation. Some time elapsed before consent was obtained.

In July I invited Drs. W. H. Barry, M. G. Thompson and Linda Barry, of Hot Springs; Dr. T. H. Bates, of Brinkley, Ark., and Dr. Thompson, of Ocala, Fla., to go with me to make vaginal hysterectomy. The day previous I had sent her word to eat nothing after partaking of her breakfast.

Dr. Gaines commenced to give her chloroform, and in a few minutes she vomited quite a quantity of peaches. I stopped the operation on account of this, fearing impaction of some of the particles of fruit in larynx.

September 8, I again visited her to make total extirpation of the uterus, and took with me the above named gentlemen, with the exception of Dr. T. H. Bates. Drs. M. G. Thompson and W. H. Barry had charge of the anesthetic. The vagina and uterus were both quite small, the latter retroflexed and freely movable. In order to get room in which to operate I enlarged the vaginal opening by freely incising it on each side. With vulsellum forceps I drew the uterus down towards the vaginal outlet, and divided the mucous membrane in front of the anterior lip, then proceeded to dissect between the bladder and uterus until I reached the peritoneum. The same thing was done on the posterior portion. The *cul de sac* was opened with scissors and dissection continued with handle of scalpel. By traction on the cervix the uterus was drawn down. When the dissection had been carried high up on the body of the uterus, I clamped each broad ligament with a pair of Billroth's large hemostatic forceps, and with scissors divided the tissues between the forceps and uterus up as far as the end of the forceps, when another pair was applied and the tissues again cut. This I continued until ten pairs of forceps were applied and the fallopian tubes were reached. These I ligated with braided antiseptic silk, and cut them loose from the uterus. These sutures were passed around the tubes by means of a Peasle needle. I did not open the peritoneum until the tubes were cut loose from the uterus, but simply enucleated the uterus from it by dissection.

Throughout the operation thorough antiseptic precautions were used. Patient lost two ounces of blood. About

one hour was required to complete the operation. Strips of iodoform gauze were placed between the handles of the forceps, the lateral incisions in the mouth of vagina closed with silk sutures, an antiseptic dressing of sublimated cotton and carbolized gauze applied, and patient put to bed in very good condition.

Her urine was drawn with a cathter by Linda Barry, a medical student, three times a day. At the end of forty-eight hours the forceps were removed and vagina irrigated with sublimate solution, 1 to 1000, and another antiseptic dressing applied. This was changed as often as soiled by the discharge from the vagina.

Patient never suffered from shock or fever, and was well in about three weeks. I made the mistake of not cutting off short the ligatures placed around the fallopian tubes, and when I undertook to remove them I was compelled to desist and cut them off short.

February 8, 1890.—Mrs. P. has had slight show of blood, and upon vaginal examination I found a bleeding and slightly hardened nodule in right angle of the vaginal roof, at the point where the right fallopian tube had been cut off, and where the ligature had been left.

Case II. I was called by Dr. J. H. Gaines to see Miss M. S., aged 42 years.

I found her suffering from repeated severe hemorrhages from the vagina, which left her but little strength.

Upon vaginal examination I found an extensive ulcer, involving the posterior lip of the uterus as far up as the internal os. The uterus was retroflexed, enlarged and fixed in the pelvis.

I diagnosed cancer of cervix, with involvement of the body of the uterus and broad ligaments.

The fixedness of the uterus precluded its entire removal, and so we advised removing the disease as far as possible by means of curette, scissors and cautery. This was attempted, and we found the tissues of the uterus infiltrated to a great

degree with the cancerous material. This was removed as far as possible, the actual cautery applied to the raw and bleeding surface, and the cavity packed with iodoform gauze.

She made a good recovery from the anesthetic, and in two weeks was up and about the house.

She died in a few months from disease of the kidneys, albumniuria, followed by suppression of urine.

A Case of Ecchinoccus or Hydatid Cyst of the Liver. Death from Intercurrent Peri-Endo Carditis, With Post Mortem.

BY C. WATKINS, M. D., LITTLE ROCK.

[Read at the Fifteenth Annual Session, Little Rock, May 14-16, 1890.]

Some five years ago, together with my then partner, Dr. E. Cross, whose case it was, I aspirated what we both believed at the time to be a case of ecchinoccus, or hydated cyst of the liver. Some 17 ozs. of clear limpid fluid was withdrawn and the tumor disappeared. The patient lived in Washington City several years, and after his return to this city I saw him again. The cyst had refilled. It was below the lower border of the liver, in the right hypochondriac region. He stated that it gave him no pain; that there was a slight feeling of fulness, but if it were not for the fact of the uncomfortable idea that it was there at all, he would not feel particularly disturbed by its presence. His skin, however, became slightly jaundiced about this time, which, together with a lot of mental worry and overwork and prostration, caused him to conclude to have it aspirated again. So about seven months ago, with the assistance of Dr. L. P Gibson, I again aspirated the tumor, taking away about the same quantity of fluid, clear and limpid as before. He suffered no particular discomfort from the operation, and felt relieved by the removal of fluid. I wanted to inject a solution of iodine after this aspiration, but was deterred from so doing

by the fact that the ecchinococci family might not be at home to get the benefit of the injection, being migratory in their habits, and the patient might get an inflammatory attack even to suppuration, which, of course, would be dangerous to him. On April 21 of the present year I was called to see him again. His health had not been good for six weeks, and was steadily growing worse. I was told that he had been suffering from dyspepsia. I found him sitting up in a chair; he could not lie down; great shortness of breath, breathing rapid, with at times alarming attacks of dyspnœa; pulse rapid and irregular; and upon auscultation I found out of all proportion its radial impulse to the turbulence and palpitation of the heart, being more markedly so during the attacks of dyspnœa. Upon auscultation I diagnosed endo-carditis. There was marked aortic stenosis with direct muruur and mitral regurgitant muruur. There was probably also peri-cardial friction sounds, but this I had to guess at, for the patient could not pause long enough in his breathing to allow of any differentiation between pericardial and pulmonary friction sounds which could be detected. His lower extremities were œdæmatous, skin sallow, no appetite, complained of no suffering but want of breath, and believed he would, and was anxious to get well. All the symptoms, however, became more aggravated. He steadily grew worse and died in three or four days afterwards. I got permission to hold a post mortem. I found endo-pericarditis, thickening of aortic valve with fibrinous deposits; mitral valve thickened, retracted, inflamed, and two well-marked atheromatous deposits in one segment of valve. In the pericardium fibrinous exudation, with about 4 oz.s of serous effusion. This, I think, was the cause of death, resulting in heart failure. The lungs were hyperæsmic and considerable hypostatic congestion. There was half a gallon of ascitic fluid in abdominal cavity. Upon exposing the liver I found a cystic, bladder-like tumor about three inches in diameter and eight or ten inches long. It was full of fluid, and was attached by one end to the lower border of the liver, and was removed by cutting a very narrow strip off the lower free border of the liver. Upon

opening this cyst it was found to contain the same character of clear limpid fluid as upon the two prior aspirations, but also, to my astonishment, a tablespoonful of whitish calculi, like gall stones. I immediately felt for the gall bladder and found it intact and in its proper place. The liver was healthy in appearance upon section. [Dr. Prather, however, was inclined to the opinion, upon examining a specimen, that it showed evidence of slight fatty degeneration.] There was no stain of bile whatever on the sac or in its fluid contents. The calculi found had an external, apparently firm, lime-like looking, smooth coat, were friable, being easily crushed between the fingers, revealing a dark substance like inspirated bile, which it proved to be, responding to the usual test for bile. The fluid was lost in opening the sac, and an examination was made for echinococci, albumen or chloride of sodium, etc. No echinococci were found upon previous examinations of the fluid. Upon examining the literature on the subject, I believe the calculi were of cholesterine, and the shell-like covering was chloride of sodium. Several theories have been advanced, but I will content myself with a simple narration of the facts of the case as found, and you can draw your own conclusions.

The State Society.

To the Officers of Sections.

The officers of the sections are requested to send to the Secretary of the State Society, as fast as they obtain them, the titles of the papers that are to be read at Hot Springs. At Fort Smith two years ago a resolution was adopted requiring those who intended to prepare papers to notify the Secretary of the title at least thirty days before the time of meeting, and to place their papers or copies in the hands of the Secretary within fifteen days before the session begins. A resolution was also adopted to the effect that if any member prom-

ised to write a paper and failed to do so he would be considered as acting discourteously to the Society.

Hot Springs.

Already active preparations are being made for the entertainment of the Society at Hot Springs. There is no place in the world not larger than this wonderful watering place that entertains annually one-half as many visitors. Most visitors to the Springs pay for their entertainment, and some of them who have fallen into wicked hands have had occasion to make bitter complaint. But the doctors of the State Society can go there feeling assured that they will be well taken care of. Some of the best and some of the meanest doctors on earth can be found at Hot Springs, but the Society will not be at the mercy of the meanest, and while there are not "*Four* Hundred" of the best, they are the *very* best, and fortunate will be the Arkansas doctor who takes a week off and goes to pay a visit of duty and pleasure to the most renowned water cure on this continent. There is as much in this City of Hot Springs to interest physicians as can be found in any city of the United States. Every manifestation of genito-urinary and skin diseases can be seen in profusion, while rheumatic and nervous affections are as abundant. Physicians who have been sending their patients to the Springs for years are as ignorant of the mode and effect of the treatment there as if they lived in the heart of Africa instead of in the State that claims them for her greatest wonder and benefaction to unhappy man. With the railway facilities now afforded, the Springs are comfortably accessible from all parts of the State, and no better opportunity can be found for physicians to visit them than during the session of the State Society.

Talk Up the Hot Springs Meeting.

Let every County Society discuss at its meeting and every member of the State Society mention on every opportune occasion the meeting to be held at Hot Springs, so as to excite among the physicians of the State as much interest as possible in the State Society. Try to induce as many as you can influence to join the Society, It is neither necessary to be a delegate nor attend the Society to be admitted. Let this be generally known and may be a number of good members can be added who cannot find it possible to attend the meeting. Talk up the Society. Arouse interest in the meeting. Do *something*.

The Section on Practice.

[Circular.]

PINE BLUFF, ARK., January 10th, 1891.

DEAR DOCTOR: You are earnestly requested to become a contributor to the work in the Section on the Practice of Medicine, at the ensuing meeting of the State Medical Society, which convenes in Hot Springs, April 29th.

We are desirous that this section be especially interesting and attractive, and hope you will favor us with an essay or report of interesting cases.

Please furnish me with title of paper as soon as practicable, not later than April 1st.

Yours fraternally,

A. C. JORDAN, M. D.,

Sec'y Section on Practice of Medicine.

County Societies.

[The proceedings of County Societies are requested for publication in this department.]

Sebastian County Medical Society, Stated Meeting Held January 13, 1891.

The Society met at the office of Dr. Bailey. Those present were Drs. Thompson, Hynes, Hardin, Southard, Hatchett, D. T. Johnson, Moulton, King, Wright, Smith, Breedlove. The President, Dr. Breedlove, occupied the chair.

The minutes of the preceding meeting were read and approved.

Committee on application of Dr. McRavens of Estes, for membership, reported favorably. It was moved and carried that the unanimous vote of the Society be cast by the secretary for him.

The committee appointed to attend to the matter of Koch's lymph, providing suitable quarters for the treatment of tuberculous patients and raising the necessary funds, reported partially as follows:

"Mr. President—Your Committee beg to report partially only. The canvass for the fund is still in the hands of the gentleman in whose custody the club money, before spoken of, lies. He says that the parties that he has been able to see are favorable to turning the money over to the committee for the purpose of enabling them to furnish Koch's lymph, with suitable care during its administration, to those not able to pay for it.

"That, with the Society's sanction, they recommend the following rule be adopted for the administration of lymph if procured:

"It shall be used after favorable judgment of a majority of five physicians from the hospital staff or the County Medical Society, the five to consist of the one in charge of the

patient, and any four that he may choose. Also after a favorable report upon microscopical examinations, of the sputa by the following committee: Drs. Hynes, Hatchett, Epler and Southard.

"A proposition may be obtained from St. John's Hospital to receive patients at the following rate: $7.50 per week for those unable to pay; $10.50 per week, for the partially indigent; $12.50 for pay patients, the latter to have choice of room, if there be any. This includes nursing care and board.

"We advise that our order be made as soon as the money placed to our credit, and as follows:

"In order to get it on file as soon as possible, we cable requisition and money to Berlin via New York. That complete credentials from first, the mayor of this city, certifying to the hospital staff and committee, to be in turn certified to by the authorities at Washington, and finally forwarded to Berlin through the American Minister there."

The report was accepted and committee continued.

The committee appointed to draft resolutions of respect for the late Dr. McReynolds, reported the following resolutions and biographical sketch:

WHEREAS, It has pleased God to summon our confrere, Dr. Charles McReynolds, from his earthly home.

WHEREAS, Dr. McReynolds was a progressive, public-spirited citizen, an able, conscientious physician and an active, honored member of the Sebastian County Medical Society; therefore, be it

Resolved, That this community, the medical profession at large and more especially this Society, have sustained a most grievous loss in the death of our friend and co-laborer.

That we, the Sebastian County Medical Society, extend our heartfelt sympathy to his grief-stricken relatives, friends, and especially his young widow.

That these resolutions be spread upon a memorial page in the records of this Society.

That copies of these resolutions be sent to the relatives of Dr. McReynolds and be printed in the daily papers.

J. G. Eberle,
I. G. Epler,
J. D. Southard,
Committee on Resolutions.

Dr. McReynolds was born at Grand Pass, Saline County, Missouri, November 11, 1861. In the early part of the war, his father was shot down in his door-yard by a party of marauders. Left fatherless at an early age, Dr. McReynolds was reared by his mother on their farm. During boyhood he attended the country school, later a graded school, at Maltabend. At about the age of 17 he entered Hendrix College, Fayette, Mo., then directed by Bishop Hendrix. Here, as in the graded school, his record as a scholar was excellent. Having thus obtained a thorough literary education, he began preparation for his life work, the practice of medicine by entering the Kentucky State Medical College at Louisville. From this institution he graduated in 1886; he received an honorary appointment as interne at Hospital for the Ruptured and Crippled, Forty-second street, New York; resigning his position there he entered the Bellevue Hospital service.

Thus equipped for his professional work, and with the brightest prospects for a long and successful career, he turned his face westward. A few weeks were spent in Colorado. While at Colorado Springs the first serious symptoms of lung trouble, a severe pulmonary hemorrhage, appeared. Shortly afterwards, in the fall of 1887, he located in Fort Smith permanently. Dr. McReynolds was rapidly gaining an enviable reputation as a physician and surgeon when, during the summer of 1888, he was struck with typhoid malarial fever and pneumonia.

For eight to nine weeks he struggled bravely with his serious sickness. He was victor, but came forth greatly maimed. For awhile he gained in strength and health, and again engaged actively in his chosen calling. The seeds of consumption had been sown during his long hospital service in New York.

The attack of fever in 1888 rendered him an easy prey to the fatal malady. Though harrassed by pain and anxiety our friend struggled on most courageously, always hopeful, always ambitious to excel. January 31, 1889, he led Miss Mamie Seals to the altar of the Baptist Church, of Fort Smith. Barely had revealed the activity of the lurking enemy. The summer of 1890 saw another they entered upon their wedding life . when serious hemorrhages short respite. During the fall and winter, cough, fever and night sweats wrought their terrible work, yet he labored faithfully, such was his ambition. In time he became so weak he surrendered. A trip to Missouri seemed to bring temporary benefit, but he returned home to realize that his hopes were delusive; then he determed to leave Fort Smith. At this time he remarked: "I came here weighing 180 pounds and now," he stretched forth his emaciated arm with unspeakable grief. Relief was sought in San Antonio. It was too late. His wife carried him to Kansas City to die among his kindred on December 17, 1890. Free from pain, clear in mind, confessing a hearty faith in God, he cheerfully surrendered his youthful hopes and ambitions, bade adieu to his friends and fell asleep.

Report was received and committee discharged.

Election of officers for ensuing year was held, resulting as follows: Dr. Hatchett, president; Dr. Southard, vice-president; Dr. King, second vice-president; Dr. E. G Epler, secretary; Dr. Eberle, treasurer.

The retiring president, Dr. Breedlove, with well-chosen words, surrendered the chair to his successor.

Drs. Moulton and Epler escorted Dr. Hatchett to the president's chair.

Dr. Hatchett addressed the Society upon the work that lay before them, and the bright prospects for the year, thanking them for the honor bestowed on him.

Dr. Bailey, essayist for the evening, read a concise report of a case of arbital aneurism, upon which he had operated by ligating the left common carotid. The result was excellent.

The disfigurement of the child's face was removed. The eyesight was greatly improved.

The members of the Society were unanimous in their congratulations of Dr. Bailey for the successful performance of this dangerous operation, and the benefit resulting.

Dr. Hynes was appointed to read a paper upon Koch's method of inoculation of lymph for the cure of tuberculosis.

The Society adjourned to meet the sesond Tuesday in February, at the office of Dr. Southard.

Dr. Bailey invited the Society to partake of a rich repast spread in an adjoining room. Having satisfied themselves both mentally and physically, the physicians bade their genial host good night.

The Southwest Arkansas Medical Association—Stated Meeting at Hope, January 12, 1891.

The attendance was fair at the meeting of the Southwest Arkansas Medical Association, which convened in the Mayor's office at this place on Monday last. The continued spell of inclement weather deterred many physicians from attending the meeting who had signified their intention of being present. Following is a list of those who were in attendance: Drs. W. B. Foster, G. H. Andrews, T. J. Garner, W. P. Hart, L. J. Gillespie, R. M Wilson, T. A. McLarty, Hope; Dr. T. J. Draper, Howard County; Drs. Armstrong and W. E. Arnold, Prescott; Dr. F. R. Fleming, Arkadelphia; Dr. A. L. Purdom, Ozan; Dr. W. T. Emerson, Lively.

There were five applicants for membership, who were voted on favorably and received. We have now a membership of over thirty physicians, and each meeting results in new accessions.

Dr. T. A. McLarty read an article on typhoid fever, which was complimented and discussed by some of the members. The paper was referred to the Committee on Publication.

The reports of the Committees on Solicitation and Publication were made, and the committees continued to the next meeting.

After transaction of other business, the chair appointed the following essayists for the ensuing meeting:

Dr. Armistead, on the "Southwest Arkansas Medical Association."

Dr. T. J. Draper, "Cholera Infantum."

Dr. F. R. Flemming, "Nasal Hypertrophy."

Dr. W. P. Hart, "Puerpural Fever."

Dr. J. R. Dale, "Laparotomy."

Dr. W. F. Saner, "Pneumonia."

Drs. A. L. Purdom, G. W. Hudson, G. H. Andrews and D. W. Bright, "Voluntary Subjects."

A vote was taken as to the next place of meeting. Dr. Armistead favored Hope, believing as it is centrally located that the attendance will be larger than at any other point. By a unanimous vote it was selected.

The Association then adjourned, to meet at Hope on the second Monday in April (the 13th), at 10 o'clock.

The ensuing meeting will be a most important one, as new officers will be elected and delegates appointed to the State Medical Society, which convenes on April 29th, at Hot Springs.

It is the imperative duty of every progressive physician to attend our meetings. It accrues vastly to our individual interests; it keeps us abreast with the profession; we obtain much valuable information from our colaborators; exchange professional and ethical ideas, and our minds are broadened and our aspirations elevated by such social attrition. It militates materially against empiricism and charlatanism in every form, and inculcates a social relation between professional brethren that could not be obtained in any other way. I would urge every member of the profession in Southwest Arkansas to come and join us at our April meeting. By a concert of action and lively interest, we will place our Society on a successful basis.

R. M. Wilson, M. D., *Secretary.*

Pharmacy.

[Devoted chiefly to the interests of the Arkansas Association of Pharmacists, under the direction of their President, Mr. W. W. Kerr, Batesville, Ark., to whom all communications relating to this department should be addressed.]

The National Formulary.

This collection of practical formulæ for the use of physicians has been issued by the American Pharmaceutical Association, and it is intended to supplant the thousand and one proprietary preparations which flood the country and are so generally prescribed, although it is in no sense an imitator of them, there not being more than seven or eight formulas in it that could be called imitations of anything previously on the market. It is literally semi-official, since it bears the imprimature of the chief representative of one of the two great professions which unite to construct the United States Pharmacopœa, and as such, is certainly entitled to the confidence and indorsement of the other.

Materica medica and pharmacy grow faster than the U. S. P., and consequently new drugs and combinations are coming forward which are really valuable contributions to the physician's armament, and with them comes the necessity for pharmaceutical processes which shall render them most eligible for administration. Even while the new remedies are passing through their experimental stage, the aid of the pharmacist must be invoked to render them effective, and the necessity for uniformity in the manner of their preparation over all the country, is just as great as it ever becomes afterwards. Added to all this, the great tendency towards practicing physic by machinery has flooded the country with innumerable ready-made prescriptions prepared by different individuals or firms, each claiming to be the only genuine and all the rest frauds. In this condition of confusion there is a loud demand that there should be some common standard that may grow with the growth of medical and pharmaceutical science; be authorita-

tive and reliable; and place the practice of medicine and pharmacy where it properly belongs, with those who practise them.

The National Formulary is the outgrowth of this condition, and is universally conceded to be admirably adapted to the fulfillment of its mission, and it remains for the physicians to adopt it and the pharmacists to furnish its preparations on demand.

One would suppose that anything that offered any sort of escape from the present confusion would be hailed with delight and adopted with enthusiasm, and yet this work makes its way slowly. It should be seized upon by the medical profession with avidity and utilized for all it is worth, but the truth is, that if it is ever adopted by it generally, it will have to be as the result of persistent effort upon the part of the druggists in calling their attention to its merits, and sampling them with its preparations just as the manufacturers do with theirs. Since it is evident that this is true, the sooner they go about their work the sooner will the desired end be reached.

The State Pharmaceutical Association has not in the past, and will not in the future, neglect to practically demonstrate its excellencies by exhibiting its products before the State Medical Society, and the same ought to be done by local druggists before the several county medical societies, where they exist, and where they do not, before their physicians individually. If this system is generally adopted and perseveringly persisted in, the time is not far distant when it will become as familiar as the dispensatories and be as generally adopted.

Snow ice is to be avoided by the pharmacist for any purpose. Clear, transparent ice is usually much purer than the water from which it is frozen, yet it may and does contain some impurities and bacteria. But the snow ice is comparatively filthy, and should never be permitted to be used in the pharmacy.—Pharm. Record.

The Arkansas Association of Pharmacists.

The ninth annual meeting of this body will be held in the world-renowned City of Hot Springs on the 20th day of May next. There is every reason to expect that this will be the largest, most important and interesting meeting of the Association that has ever been held. Its annual convocations have been growing in the number in attendance and in the interest in pharmaceutical progress manifested by those present for the last five years, and if there were no other stimulus, the natural ratio of increase heretofore maintained would give a large and enthusiastic meeting.

The place selected is of all others the best calculated to draw. Everybody wants to go to Hot Springs. If they have been there before, the very fact makes them want to repeat the visit, and if they have not, a desire to see the place will take them there upon the slightest provocation.

The committee of arrangements consists of Messrs M. A. Eisele, E. F. Klein and A. P. Cressy, which is of itself a sufficient guarantee that everything will be done that can be to make their guests comfortable and their visit pleasant.

The invitation to hold the meeting there was extended by the druggists of the place generally, and they will exert themselves generally to make it a success.

It now remains for the members to arrange matters at home so as to enable them to attend. The date has been announced a little earlier this year than usual, in order to give them more time in which to make their preparations for leaving their business.

It is a positive duty incumbent upon all to attend these meetings when it is at all possible to do so, and it is in a large majority of cases practicable when the disposition is present. There will be business of the utmost importance to the future advancement of pharmacy in this State to consider—matters in which all are alike interested, one not more than another, and he who does not want to be left by the procession, should be present and take part in it.

Simple Method of Determining Uric Acid.

We are indebted to Drs. Arthaud and Butte, of the French Academie, for the following simple and convenient mode of testing for uric acid in urine, an operation which both medical practitioners and pharmacists often find it requisite to perform. The phosphate having first been removed in the usual way by the addition of excess of carbonate of sodium and filtering, any convenient quantity of the clear fluid, say 20 ccm. or, if British weights and measures be used, perhaps 250 fluid grains, are measured off with a pipette and carefully titrated with the test solution, which we have here adapted either for grams or grains:

	I	II
Pure sulphate of copper	1.484 grams or	14.84 grs.
Potassio—tartrate of sodium—or Rochelle salts	40 " "	400 "
Hyposulphite of sodium	20 " "	200 "
Distilled water, to	1,000 " "	10,000 "

A gm. measure or 1 ccm. of the solution I will precipitate exactly 1 mg. of uric acid; and 10-grain measures of II will throw down just 1-100 of a grain of the same. The precipitate is nearly white and of a curly character. The standard solution is, of course, added cautiously from a burette, and when a drop ceases to cause any precipitation the amount is read off, and the quantity of uric acid present in the sample calculated therefrom, in accordance with the figures we have referred to above.—[National Druggist.

Test for the Purity of Iodoform.

The Reppertoire de Pharmacie gives the following test: Shake the iodoform with distilled water, filter and add one drop of a silver nitrate solution. If, after the mixture has stood twenty-four hours, silver is precipitated, the iodoform contains foreign soluble, reducing substances; if only a grayish turbidity appears, it is pure.—[Druggist's Circular.

The Pharmacy Bill.

Up to this writing, the pharmacy bill has passed the Senate and is before the House. The subject was referred to the Committee on the Practice of Medicine in the distribution of the Governor's message, who recommended the enactment of a law regulating the practice of pharmacy. The Senate adopted some amendments which, in the main, are improvements. Sec. 2 was amended by striking out the words "from different sections and Congressional Districts of the State," which leaves the Governor free to appoint the members of the "Board of Pharmacy" without restriction as to locality, which is as it should be. Sec. 5 was so amended as to allow one member of the board, instead of two as in the original bill, to issue temporary certificates which shall authorize the holder to conduct a drug business until the first subsequent meeting of the board. This is also very good, but the amendment to Sec. 7, striking out all that part which provided for biennial re-registration, is decidedly an injury to the effectiveness of the bill. The experience of every State not so fortunate as to have such a provision in their pharmacy laws, abundantly confirms this. It is necessary for two reasons. First, in order to keep track of the registered pharmacists of the State, and in the next place, to provide a revenue to sustain the Board in executing the law after the fund derived from the first registration is exhausted, as it is very certain that after the first year or two, the examinations will not afford money enough to do it. The hope of having this remedied later, may afford sufficient consolation for tolerating it, if it will improve the chances of its passage at this session.

It has passed the Senate without serious opposition, and we indulge the hope that it will also pass the House.

Danger in Pharmaceutical Preparations.

The following is taken from the Pharmaceutical Record, quoted from a foreign journal :

Micro-organisms can live and even thrive in many pharmaceutical preparations; also that molds can alter volumetric solutions quite materially. Their experiments cover some of the medicated waters, syrups, elixir-auranti and volumetric acid solutions.

The waters employed were aurantii, camphoræ, cinnamomi, menth. pip., rosæ. The syrups were pruni virg., rhei, rubi idæi, sarsap. co., scillar. Simplex and separate specimens of each were infected with white bacillus from water, brewer's yeast, and pencillium glaucum, a mold. In every case either development of the germ or its continued life for some days was noticed, and in syrup simplex, syrup rubi, idæi, and elixir aurantii, some of the specimens became spoiled and unfit for use. When any such preparations as the above, which in their perfect condition are clear and free from sediment, become turbid they should not be dispensed, and it is suggested that the United States Pharmacopæ should emphasize precautions about the making and preservation of such products as will tend to prevent such changes as are referred to. The prescription counter may be a source of infection in lieu of curative powers if not properly guarded by some precautions against bacterial growth.

Volumetric solutions of hydrochloric, nitric, phosphoric and sulphuric acids were also investigated, and spores of mold germinated with first and second when weaker than 1½ per cent., in phosphoric when weaker than 4 per cent., in sulphuric when weaker than 5 per cent. They therefore caution against the use of any volumetric solutions which show the presence of mold.

Chloroform Ointment.

Kittl, at the Bremen Congress, advised the use of chloroform externally, in the form of an ointment. For this he prescribes one part of chloroform, one of wax, and two or three of lard. Such a mixture keeps the chloroform unaltered, and spread on linen acts quickly and with certainty as a local anesthetic. Its mode of preparation is simple: The wax and lard are melted together, and somewhat cooled superficially, are poured into a bottle, the inside of whose neck, as well as its glass stopper, are greased to make it air-tight; then the chloroform is stirred in, and the whole kept in a cool place until it stiffens, the bottle being occasionally rotated without opening.—[Druggist's Circular.

Aristol.

This new antiseptic is obtaining favor in many quarters over iodoform on account of being odorless, and, as claimed, equally as effective. The Druggists' Circular, copying from a foreign journal, gives the following process for its preparation: Make a solution of thymol 5 grams, caustic soda 5 grams, potassium iodide 5.8 grams in enough water to make a 50 C. C. solution with the aid of heat. When the solution cools, add to it 250 C. C. of concentrated solution of sodium hypochlorite—Labaraque's solution—and shake thoroughly. In about fifteen minutes the reaction is complete, and the aristol may be collected on a filter, washed with distilled water, and dried in the dark.

A GOOD disinfectant, recommended by the Illinois Board of Health, is—

Sulphate of iron	13 ounces.
Crude carbolic acid	12 ounces.
Water	48 ounces.

—[Pharm. Era.

Join the Arkansas Association.

The present is a good time for all who contemplate joining the State Pharmaceutical Association, to send in their applications. Applicants may have their petitions acted upon by the executive committee, and their membership completed at once if they so desire, or they may send them in with the request that they be held over for the action of the Association. In the former case the petition must be indorsed by three members of the Association. In the latter only two indorsers are required. The fees are: Two dollars membership fee; two dollars annual dues, in advance; and fifty cents for certificate of membership, optional—four dollars and fifty cents in all. Blank applications may be had by addressing J. W. Beidelman, Little Rock. Stand not upon your order of joining, but join.

Dobisch's Local Anesthetic.

According to J. B. Mattison, M. D., in the New York Medical Journal, the following is the formula of this new anesthetic:

Menthol	1 drachm
Chloroform	10 drachms
Ether	15 drachms

Used as a spray.—[Pharm. Era.

A NEW excipient is a resin soap produced by heating together to the boiling point, 100 parts of resin, 30 parts of carbonate of potash and 300 parts of water. When effervescence ceases, the product is finished, though the heat may be continued until any desired consistency is obtained. M. Adam, who proposes it, says it may be used as an excipient for a great many things, though not with metallic salts, because of liability to double decomposition. It works well with mercury, and mixes freely with camphor, Naphthol, tar, bisulphide of carbon, etc.

Miscellany.

Preachers and Patent Medicines.

The Dixie Doctor, a medical journal published in Atlanta, Ga., in a recent number has a spirited protest against the practice of many preachers and religious newspapers of indorsing and advertising patent medicines, concerning many of which the best that can be said is that they are *worthless*. But while there is ground for complaint here by both preachers as a class, and doctors as a class, The Dixie Doctor falls into the error of arraigning the whole body of preachers at the bar of professional justice for the sins of some of their brethren. This is unjust and unbecoming a journal that aims at fair dealing. It must be admitted, however, that many preachers show very little taste and judgment in the way they lavish their names; and some religious newspapers have an ethical code of their own touching the use of their columns by manufacturers and venders of patent medicine frauds. Just here a distinction should be made. Some of these preparations on the market are specifically cathartic, diuretic, soporific, etc.; and when recommended to produce a specific effect, they can hardly be called frauds if the effect is produced. Still, their use by those who know nothing of their composition when they are indicated, or their ultimate effect upon the system, is simply foolhardy when not prescribed by a physician. What right, then, has a preacher, as such, to assume the function of a doctor, and thrust himself, in his ignorance of medicine, between the suffering and those who have fitted themselves by long study and practice to minister relief? Is it not an impertinence that preachers would rebuke, were doctors, as such, to meddle with their calling? But it is of the typical patent medicine, so well known as to need no description here, that is now to be considered. Any preacher has the right to use his personal name as he pleases, just as any other man; but the personal name of most preachers would be worth little for the purpose for which

patent medicine people seek them so sedulously. It is the "*Rev.*" that gives them worth; and when this title is used to indorse a fraud, as are most, if not all, nostrums whose *formulæ* are locked up in secrecy, the one so using it assumes a responsibility that should make any good man tremble. It is this title, "*Rev.*," that gives commercial value to the long list of names that confront us in patent medicine almanacs, newspapers and elsewhere. As a preacher, the present writer protests, for one, against such wholesale prostitution of this almost sacred title. What right has any preacher to put this title upon the market? If he must needs put his name to such certificates, let him do it as plain John Smith, and not appropriate a title in which I have as much interest as he, to give commercial value to his otherwise worthless signature. Of course, patent medicine men, and the whole class of enterprises that depend upon signatures, backed by titles, for success, rather than merit, care nothing for plain John Smith's name; it is his "*Rev.*" that they want, and with it they conjure. After all, what does this "*Rev.*" know about physiology, pathology, or *materia medi?ca* True, he had the headache or bunions, and the remedy in question, or something else, or kind nature, brought relief; but how does he know that, in the long run, he is more benefited than injured? Some old woman, or Indian, or worn-out preacher, makes a discovery, by lucky accident, that is a sure cure for some dreadful disease that may be identified by every symptom known to pathology. Packages are sent to every preacher whose address can be obtained, with compliments and request to report results; the preacher feels complimented, and wonders how his name got to be known so far from home. Of course, when he comes to think of it, he has that disease badly, and is a fit subject to be wonderfully cured by bread-crumb pills or burnt-horn powders. Then another "*Rev.*" resigns his scalp to dangle at the belt of a first-class fraud. And so it goes.

But there is another aspect to this question. Let ignorant prejudice say what it pleases, doctors are the conservators of the public health, and, as a class, are well equipped for their

responsible calling; nor is there a more conscientious class of men living, not even that of the Christian ministry. Imagine their disgust, then, when they see volumes of certificates given by preachers to the miraculous curative power of some germ destroyer, for instance, that gives, on analysis, an ounce or two of sulphurous and muriatic acids, each to five gallons of water, costing less than ten cents a gallon to "manufacture," and sold at several dollars per gallon. And this may be taken as a sample of the "trade." These doctors are among the preacher's best friends. They give him and his family untiring service, and do it with all the delicacy and tender consideration of truly cultured and generous manhood, and, as a rule, without fee or reward. I blush to say it: Often preachers accept their services simply as a matter of course. "You are the first preacher that ever asked me for his bill, and allowed me the satisfaction of saying that it affords me pleasure to wait upon the clergy without charge." So said a physician once, who had done a long and large practice, to the present writer. And these men, who always stand by the preacher in the bitterest hour of personal and family affliction, are being defrauded out of their legitimate means of support, and at the same time a credulous public is being imposed upon by the wholesale, by manufacturers and venders of worthless, if not poisonous, nostrums, indorsed by a class of preachers who hold their title ready for the market. Now the preacher who is willing thus to indiscriminately indorse patent medicines, owes it to himself and to the profession never to accept the services of a physician without paying for them. Courtesy carries its obligations, and one should not accept a courtesy without meeting its obligations.

Perhaps it might be edifying to some preachers to see what is being written by physicians on this subject. The editor of The Dixie Doctor addressed a circular to his subscribers, in which were the following questions: "What do you think of the miscellaneous indorsement of patent medicines, which is so common among preachers? Is it not the custom for preachers to obtain medical services without paying for

them?" Among the answers returned are the following: "I think it," the indorsement of patent medicines by preachers, "does more to keep well-informed doctors from the church services of such men than all other causes combined. Because, from the standpoint of an intelligent physician, a man not understanding the action of medicine, and at the same time indorsing a patent medicine, must be placed under one of two heads—he must be either a knave or a fool * * * I think a preacher has as much right to expect his groceries, dry goods, or any other necessity of life free of charge, as a physician's services. * * * In a country democratically republican, rights to all, and privileges to none, should be the golden rule. The contrary, however, prevails, and the preacher keeps his heel on the neck of the physician with no less firmness than he does on that of any other citizen of the land. Show me a preacher that expects to pay for his medical services, and I will show you a white elephant." Editorial: "Preachers who don't pay doctors prostitute themselves, and lose the respect of the doctors themselves." All this is pretty severe; but it is what is being said and written by doctors in increasing numbers. If the reader doubts let him ask any well-informed doctor. It is not that doctors give their services gratuitously to preachers grudgingly, as a rule; but they are outraged to see preachers indorsing, recklessly and ignorantly, rushing into the citadel of human life, as it were, where angels should tread cautiously—patent nostrums of all kinds, that both injure the physician's legitimate business, and bring untold disappointment and suffering upon the credulous multitude. That the question is being widely discussed in medical journals is significant, and the writer is informed, by what seems to be good authority, that measures will be proposed in the National Medical Association, at its next meeting, to prohibit all doctors who acknowledge its authority, from waiting upon preachers and their families gratuitously if able to pay, that is, to class as paupers such as cannot pay. No doubt the reader will agree with this scribe that the number of preachers offending is over-estimated, but enough are reckless with their

names, flying the ornamental "Rev." to be a just ground of complaint. The present writer is not a doctor, nor is he near akin to any doctor, but he wants to see justice, not to say common sense and decency, meted out without exception to the profession by the class to which he has the honor to belong.

E. S. SMITH.

—[Nashville (Tenn.) Christian Advocate.

The JOURNAL publishes the foregoing article with pleasure. Something further will be said on the subject in the next issue.

Broken Needles and Suits for Malpractice.

BY PROF. WILLIAM GOODELL, M. D., OF PHILADELPHIA, PA.*

Not long ago I casually heard that a skilful surgeon in a distant city was about to be sued for $10,000 damages, because it was accidentally discovered by another physician that the former had left a piece of broken needle in a perineum which he had repaired.

I accordingly wrote to this brother in distress that, if my evidence could help him out of his difficulty, I should be glad to furnish it. For I had more than once left at least half of a needle in the cervix, and at another time fully an inch of a large needle in the perineum. These patients are perfectly well, and to this day do not know that they are carrying portions of surgical instruments in their bodies. I also recall to him the fact that many hysterical girls have with impunity converted themselves into human pin-cushions by swallowing innumerable needles, which have traveled all over the body and been extracted at places very remote from the stomach. I presume there is not a surgeon who has not broken needles and left a fragment in his patient's body, without the slightest mischief accruing. When one can tie, as many have,

*Remarks made at a clinical lecture at the University of Pennsylvania.—[Journal of the American Medical Association, December 13, 1890.

the pedicle of an ovarian or uterine tumor with iron or silver wire and drop it into the abdominal cavity, to remain there until doomsday; or when we get broken bones to knit by uniting them with strong iron wire; or when one can leave for weeks as I have done in chronic peritonitis, a glass drainage tube in the highly sensitive and vulnerable abdominal cavity, surely a needle in the cervix or one in the perineum can do no more harm than an earring.

But these attempts to prosecute a physician on the slightest provocation have made me very cautious. For instance, I never perform an oophorectomy without explaining, in the presence of competent witnesses, why I wish to perform the operation and what will be its results. A very unfortunate English physician neglected this precaution, and as the result lost money, health and an enviable hospital appointment, although he won finally at the end of a protracted, expensive and most worrying suit at law. The husband complained that his wife was unsexed; the wife, that she was not told what the nature of the operation was to be; the narrow-minded directors of the hospital, that the surgeon had operated without calling in counsel.

Let me give you one of my experiences: Not many years ago, one bitter cold day in winter, a poor man came to my office from a town several miles distant in a neighboring State, begging me to come to the aid of his wife, who had been long in labor and could not be delivered.

It was in the midst of my office hours, the weather was very cold, the fee offered was not a tempting one, and I requested him to go for some one else. But he begged so hard, that for humanity's sake I could not refuse. When I got there I found that his wife had a shoulder presentation, and had been attended by four physicians, who each in turn had tried in vain to turn the child and deliver her. They were all present, and as the question of embryotomy had come up, they had sent for me. The woman was much exhausted, and we all felt that her only chance lay in a speedy delivery. She had been kept more or less under ether for hours, and a little more was now given her. Knowing

that the womb had moulded itself to all the irregularities of the child, which moulding had prevented version, I concluded to try a wrinkle of an old French accoucheur, whose name I have forgotten. It was this: I caught hold of the hand of the shoulder which did not present and made traction on it. This manœuvre turned the child over, on its long axis, and extricated its body from the uterine mould which had "set" around it like a cast of plaster. I was then able very readily to make podalic version, and to deliver the body as far as the head. But here an unexpected difficulty occurred, one of which I have never met with before or since. The long irritated cervix or the lower zone of the womb closed like an iron collar around the neck of the child and imprisoned the head. While I was trying to release it, the woman suddenly and unexpectdly died. All this occurred within a very few minutes.

I shall not describe the scene that followed; it was a very painful one. My only consolation was that I had done my duty. Now, would you believe it! A fews day afterward each one of the physicians present, including myself, was notified that a suit for malpractice had been instituted against him. I put my case in the hands of a lawyer, who gave me a letter to a leading citizen of that town, asking him to stand bail for me in case I should be arrested, as I might be at any time when called there on a professional consultation. For, of course, the plaintiff would be only too glad to arrest me and try me in his own State. For months I carried this letter in my pocket, but I never had to use it, for when the matter came to the pinch, we all showed such fight that the case was abandoned. This is the second time that I have been threatened with a prosecution for alleged malpractice; but in the former I also more than met the plaintiff, and that case was abandoned.

In this relation, let me tell you what I read in the daily papers the other day, showing how careful we all should be to surround ourselves by safeguards. A physician in Belgium, in a case of necrosis of the leg of a child, warmly advocated excision of the dead bone. The mother said she would give her

consent as soon as the grandmother was willing; but it took the old lady exactly one year to make up her mind. Her consent being obtained, the child was etherized and the diseased bone laid bare; but it was then found that the necrosis had proceeded so far during the year that it was impossible to save the limb. Accordingly, the surgeon assumed the responsibility of amputating the leg. He was sued by the father, and had to pay him 10,000 francs for damages.

In this country surgeons of note were often prosecuted for the unavoidable shortening of fractured long bones, especially of the thighs, during the process of repair. Indeed, if I am not in error, even the late Prof. Samuel D. Gross, with all his reputation, had to stand a suit for malpractice. But this is becoming more and more rare, because the community is getting more and more intelligent. The practical lesson that I wish to impress upon you all, by citing these examples, is simply this; that if the public presumes to attack the professional characters of men who are your medical teachers, how careful you should be in all important cases to guard yourselves by calling in older and more experienced advice—and by getting the responsibility shared.

Again, never say there is absolutely no danger whatever in any operation or in any surgical procedure. On this point, some years ago, I got a bitter lesson: I was asked by a patient, upon whom I was about to operate at one sitting for a laceration of both the cervix and the perineum, whether there was any danger to be feared from the ether. I laughed her to scorn, and called it the child's play of the operation. But mark the result: both operations were performed—and very satisfactory, too—but as the lady emerged from ether narcosis, incessant vomiting set in, which could not be controlled by any means known to me, or to a consultant whom I called in. On the fifth day she died from heart failure, from this very etherization from which I said there was no danger. Therefore, I now never tell a patient that there is no danger whatever in any operation.

So take this lesson home with you today: Never to promise too much to your patients; for, as you are not sure what the day will bring forth, you certainly never can be sure what an operation may bring forth.

What Experience Teaches One to Unlearn.

It would be well sometimes, if we would or could, as practitioners, pause and reflect on the teachings of our own experience, and honestly acknowledge that there is much that we have learned to unlearn. Few take time to do so; the masses of the profession plod on in the old-fashioned way, accepting the labor of their active lives as an essential part of their existence. They move along in the old groove, and seldom think of the past or the future; the busy present alone impresses itself upon them; it is the central pivot on which revolve their occupations, their cares, and their pleasures.

Occasionally we find, even in the ranks of the busiest and most reliable practitioners, one who will be outspoken enough to declare that he has not been so thoroughly absorbed in his professional life, active as it has been, that he has failed to give heed to the teachings of his own experience. We have seen this illustrated upon more than one occasion recently, in medical societies and journals, in the publication by reputable practitioners of cases which have been wrongly diagnosticated by them, or in which post-mortem examination has revealed the existence of morbid conditions which had not been suspected during the life of the individual. The lessons thus unselfishly taught in these honest confessions do much good, not only because they teach caution in diagnosis, but because they prove that some pathological conditions are so intricate and obscure as to pass the comprehension of even the most skilled and observant practitioner.

One of the most respected gynæcologists of this country has recently stated that "every earnest worker in any field of the

inexact sciences finds himself compelled to unlearn as well as to learn;" and on this basis he communicates a sketch of a number of things, chiefly traditional teachings, which he has himself, in his own experience, learned to unlearn.* His summary, of course, relates to the special branch in which he has been a distinguished teacher and practitioner, but many a general practitioner, if he were as honest and candid, could teach his professional brethren similar lessons. Among other things cited by him are the following:

He has learned to unlearn the grandmotherly belief that the climacteric is in itself an entity, and that as such, it is responsible for most of the ills of matronhood, and especially for that of menorrhagia.

He has learned to unlearn that anteflexion and anteversion in themselves—that is to say, as displacements merely, and without narrowing of the uterine canal—are necessarily pathological conditions of the womb.

He has long since abandoned the idea cherished by that class of waistless and witless nurses, now happily obsolescent, that the parturient woman is to be swathed like a mummy and to be kept as immovable.

He expresses his disbelief that mammary abscess comes from "caked" breasts, or from breasts over-distended from a secretion of milk too great for the infant's needs. Mammary abscess, in the suckling woman, comes, in his opinion, from cracked nipples, and from cracked nipples alone.

He has wholly freed himself from the belief that cellulitis is at the bottom of most female ailments, and that the hot water douche is its cure-all.

He has learned to unlearn the teaching that woman must not be subjected to a surgical operation during her monthly flux. Our forefathers, from time immemorial, have thought and taught that the presence of a menstruating woman would pollute solemn religious rites, would sour milk, spoil the fermentation in wine-vats, and do much other mischief in a general

*Prof. Wm. Goodell, in Medical Record, November 29, 1890.

way. Influenced by hoary tradition, modern physicians very generally postpone all operative treatment until the flow has ceased. But why this delay, if time is precious and it enters as an important factor in the case?

Long ago he came to the conclusion that the womb, like the nose, has its own secretions; and that, because the cervical canal is stopped up with mucous, it is not to be treated any more harshly than a stopped-up nose. This nasal analogy led him soon to think that even uterine catarrhs are not of such paramount importance as to merit heroic treatment, and that metritis and endometritis, in so far as symptoms are concerned, are often idle words.

He has learned to unlearn the idea—and that was the hardest task of all—that uterine symptoms are not always present in cases of uterine disease; or that, when present, they necessarily come from the uterine disease. Seemingly urgent uterine symptoms may be merely nerve-counterfeits of uterine disease. He has, therefore, long since given up the belief, which with many amounts to a creed, that the womb is at the bottom of nearly every female ailment. As an outcome of much that he has learned to unlearn, Prof. Goodell has arrived at this very short gynæcological creed: "I believe that the physician who recognizes the complexity of woman's nervous organization and appreciates its tyranny, will touch her well-being at more points and with a keener perception of its wants, than the one who holds the opinion that woman is woman because she has a womb." —[College and Clinical Record.

Signs of the "Times."

The New York Medical Times is the most prominent and influential homœopathic periodical in this country, if not in the world. It is a very fine specimen of the printer's art and will compare favorably, as such, with any medical journal pub-

lished. It is edited by Egbert Guernsey, of New York, an unusually tall individual among the Lilliputians, with much skill, and a decided appearance of scholarship. The August number of this publication will reward a critical scrutiny.

The original articles are three in number: "Man the Master," by the editor; "The Biology of Thought with Special Reference to the Alienation of the Mind," by C. A. F. Lindorme; "On Diabetes Mellitus," by C. E. Laning. The first two of these articles occupy twelve pages of the paper, and the last, three pages. Of these three compositions the last only has any special reference to the peculiar tenets represented by the Times. The others are highly imaginative, metaphysical dissertations that might with propriety appear in any paper, technical or popular, and they demonstrate the evident truth, that the thoughtful homœopath must exercise his natural faculties in other lines than those of Hahnemannism.

The leading editorial is entitled, "Philosophy in Homœopathy," and is a review of a book of that name. The reviewer is not at all in sympathy with the writer, and "Philosophy in Homœopathy" gets some hard knocks. The concluding sentence of the review is so characteristic of homœopathic thought that we quote it: "Let us teach what we know, meanwhile keeping our faith serene and steadfast in the unseen and unknowable." The next striking editorial is "Immortality." It is inspired by an article in the Andover Review, and it goes far to prove that the intelligent homœopath is a better schoolman than he is a medical man, a better theologian than he is a scientist.

The selections from current medical literature in the Times again reveal the wondrous state of homœopathic medicine. These number in all sixty-seven, and only two are credited to homœopathic sources. Five are from the British Medical Journal, three each from the Therapeutique Gazette and the Medicinische Monatschrift, two each from the Medical Record, the Times and Register, and L'Union Medicale. The others are from various sources of regular medicine. They include such subjects as "Dry Cupping for Infantile Convulsions," and

others equally vigorous. The two selections from homœopathic journals are eight and six lines in length respectively, and they very much resemble Gratiano's reasons, both in prominence and value: "You may seek all day ere you find them, and when you have found them, they are not worth the search."

To the casual observer the advertising pages of this paper do not at all differ from those of any other prosperous medical journal. Parke, Davis & Co., the Lambert Pharmacal Company, Fairchilds, Wyeth, the Rio Chemical Company, and many other firms who claim to enter to legitimate medicine, display their cards here. Of the thirty-two pages given to advertising, one poor half-page only is distinctly homœopathic. The purveyors of therapeutic supplies to the medical profession are confessedly among the shrewdest of business men. They put their advertisements where they know they will do some good, and their presence in this homœopathic journal is a sufficient commentary on the therapeutic practice of homœopaths.

The moral of all this is that if the most prominent homœopathic journal in this country gives less than four pages of homœopathy in thirty-two pages of reading matter, and one-half page of advertising matter, how much of homœopathy is there in it? Clearly not enough to found a sect upon. If the intelligent homœopath would but relinquish his blind faith in that mysticism which our editor calls "the Unknown and Unknowable," lay aside as something that has outlived whatever of usefulness it once may have possessed, the dogma of "*similia similibus curantur*," and square his medical practice as he does all his other acts, by the rule of reason, one broad banner might cover us all.—[Pittsburgh Medical Review.

Poisoning by "Arsen. Alb."—A death from the use of this homœopathic preparation given by a Hahnemaniac is reported by the Toledo "Medical Compend."

True Hermaphroditism.

Dr. C. W. Fitch, of Bridgeport, Conn. (New York Medical Journal), reports the case of a 28-year-old San Salvador domestic arrested for prostitution, in whom female and male organs of generation were found in a remarkably well-developed condition. The labia majora were of normal size, but flattened on their anterior surface. The labia minora and the hymen were absent. The vagina was spacious, four inches and a quarter long anteriorly and six inches posteriorly. The os uteri was torn on the left side. There was profuse leucorrhœa. Seven years before she had given birth to a normal female infant. In place of the clitoris there was a penis which, when in erection, measured five inches and a quarter long by three inches and five-eighths in circumference. The glans penis and the urethra were perfectly formed. The scrotum, which was two inches and an eighth long, contained two testicles about an inches and an and two inches and a half in circumference. The mons Veneris was sparsely covered with, short straight, black hair. Both sets of organs were perfect in their functions, semen being ejected from the penis and the ovaries being capable of producing eggs. Scanty menstruation occurred every three weeks and lasted but two days. Sexual gratification was said to be equally distributed between the two sets of organs. Up to about seven years before masculine clothes had been worn, but when pregnancy became apparent, the local authorities compelled a change to female attire. Dr. J. K. Crook lately reported a similar case to the New York Academy of Medicine, where the penis was imperforate. Dr. Grace Peckham knew of several allied cases. Dr. McBurney, at the instance of Dr. Hance, had by a plastic operation enabled the victim of an allied deformity to pass urine in an erect posture. The sexual inclinations of this being varied with its dress. Male dress inclined it to the female sex, female to the male. Its "sister" had an allied deformity.

Never Say "No Danger!"

In a clinical lecture by Dr. William Goodell, in the Journal of the American Medical Association, he recounts a bitter piece of experience having for its moral the admonition above given. He said in regard to an event that occurred some years ago: "I was asked by a patient upon whom I was about to operate at one sitting for a laceration of both the cervix and the perinæum, whether there was any danger to be anticipated from the anæsthetic, ether, which was proposed to be used. I laughed her to scorn and called it the child's play of the operation. But mark the result: both operations were performed, and satisfactorily, too, as it seemed, but, as the patient emerged from the ether narcosis, incessant vomiting set in which could not be controlled by any means known to me or to a consultant whom I called in. On the fifth day she died from heart failure from this very etherization regarding which I had said there was no danger. Therefore, I now never tell a patient that there is no danger in any operation." Dr. Goodell is right when he lays before his class the caution not to promise too much to their patients, and not to feel too sanguine as to results, for, as no one can be sure what the day may bring forth, so no one can certainly say what an operation may bring forth.

The Profits of a Sanitary Investment.

Less than ten years ago, the Northwestern Builder remarks, Memphis, Tenn., seemed to be a doomed city. The population had shrunk 20 per cent. in a few years, and real estate had decreased in value, all because the city was scourged by disease. The panic-stricken people, looking upon the place as doomed, had surrendered the municipal charter. But about 1880 a complete drainage system was constructed, and with its completion health and prosperity commenced to return. Today the Memphis Appeal estimates that in the last twelve months $5,000,000

have been put into public works there by foreign and local investors, a bridge across the Mississippi is under construction, new banks, club buildings, a union depot, etc., are being built, the cotton receipts have about doubled on those of nine years ago, and the population has increased in nearly the same proportion—all because it was finally realized that, to prosper, a city must, first of all, use those precautions against epidemics and diseases which sanitary science has placed at its disposal, and render its surroundings as healthful and inviting as they can be made. This done, ordinary business energy and push will do the rest, as the present prosperity of Memphis proves. There, drainage saved a dying city.

Avulsion of the Scrotum.

In a recent number of the British Medical Journal Mr. Scolkarrt reported an unusual accident in a young man he was called to see, in whom the scrotum was torn and the tunica vaginalis of each side opened into, exposing the testicles. The patient and his paramour had been drinking the previous night, and on returning home she expressed a desire for sexual intercourse, that was not gratified by the man, whereupon she seized his scrotum and wrenched it from its attachments with the results above noted. The patient recovered.

Prevention of Conception.

The Detroit Medical and Library Association recently concluded that general contention was that the practice is proper and right, and it was also held that the prevention could be accomplished mechanically without injury to either the man or the woman. There were but few opposed to this view.—[Medical Age.

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Editorial.

The Present Status of Medical Legislation.—Since the last issue of the Journal the Legislature has passed an act to prevent unprofessional conduct in the practice of medicine (Senate bill No. 57) which is published in another part of the Journal. The pharmacy bill was defeated in the House after a good fight by its supporters and a wonderful display of ignorance by most of its antagonists, some of whom acknowledged that they had not read it and were unacquainted with its provisions. When it is remembered that but a few days previous to the failure of this bill, an act came near being passed by the House, having for its object the abolition of all restrictions against those who desire to enter the profession of

law, there ought not to be any surprise at the fate of a very liberal bill requiring some qualification to be manifested by those who dispense the most deadly compounds.

Nothing has been done looking to a change in the abominable medical law, and from present indications little or nothing can be reasonably expected in that direction. One of the most prominent physicians in the State recently said that before the passage of the Arkansas medical law there was a distinction and a difference between the regulars and irrregulars which was generally understood and appreciated by the laity, but since then, that distinction had been lost sight of by the non-professional people who, as a general thing, now regard *all licensed* doctors as being on a par as far as legal qualifications are concerned. The present law ought to be amended or *repealed.*

When the bill to prevent unprofessional conduct in the practice of medicine was under consideration, a member of the House presented an amendment providing for one State board of examiners to be composed of three regulars, three eclectics and three homœopathics. This absurd and unjust proposition was rejected and the bill was passed by a vote of 75 to 1.

The Saline County Board of Medical Examiners.—In another place in the Journal is published a list of those who have been registered in the office of the Clerk of Saline County after having been examined by that County Board. An inspection of the list will reveal, in addition to the very large number of names for so small a county, that the fame of the board has spread over the entire State and even into other States for nearly every county has one or more representatives on the list besides those from the States of New York, Ohio and Tennessee.

The Saline County Board has long been notorious as one to which the most densely ignorant could apply for examination with almost a certainty that a license would be issued.

Making due allowance for the large number of medical students who annually flock to that county for examination, and many of whom have been rejected candidates for graduation, or were first course students who ought not to be allowed to practice, the number of licenses that have been granted is out of all proportion to the population of the county.

The JOURNAL has been informed that, contrary to law, a number of persons have been examined by the Saline County Board of Examiners who did not register in that county but obtained license elsewhere on the certificates obtained from that board.

There is not a board of examiners in this State that holds too exacting examinations. As a rule the examinations by the most rigid are practical and do not require qualifications that ought not to be possessed by the average practitioner, and a man who is unable to pass examination in the county in which he resides ought to be debarred from practice until he qualifies himself for the grave responsibility that he desires to assume.

The readers of the JOURNAL will be informed from time to time of the doings of the county examining boards throughout the State, and no pains will be spared in exposing nefarious practices.

THE REMOVAL OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION FROM CHICAGO TO WASHINGTON.—The question of the *location* of the American Medical Association Journal is one of secondary importance. It is the mouth-piece of the Association, and will be just what the members of the Association choose to make it, no better than its creators and supporters, whether it is published in Chicago, Washington or San Francisco. The Journal might be made much worse than it is in many ways, and for that reason it is best to let well enough alone, and try to do the very best for the publication where it is. The Association's organ necessarily has to contain the papers and proceedings of that body, and in some respects it is heavily handicapped by having to contain some

that are written more for the benefit of the writers than for the good of medical science. All that the Journal needs is fine business management and shrewd editorial control, and no argument has as yet been made that proves that such necessities can be more readily obtained in one large city than another.

The Physicians in the General Assembly.—Dr. Clement, in the Senate, and Drs. Williams and Moore, of the House, have shown a disposition to assist, in every way they could, the passage of the pharmacy bill and the act to revoke license for certain causes. They are at the service of the profession, and if wholesome medical legislation fails at this session it will not be through their neglect. These gentlemen are progressive, and if Arkansas could have her whole Legislature composed of their like the State would at once jump forward with a bound and soon be in the front rank of the column of States instead of straggling in the rear in company with her inferiors.

Original Communications.

Successful Deligation of the Left Sub-Clavian Artery for Aneurism of the Axillary Artery.

BY J. A. DIBRELL, JR , MD., LITTLE ROCK, ARK.

My connection with this case is limited to a visit made on the 12th of June, 1890, and the operation on the following day.

I saw the case and made the operation at the request of Dr. G. W. Hudspeth, of Little Rock, the patient's physician. I obtained from him the following history:

George Goodwin, white, aged 19 years, was accidentally shot with a 22-calibre rifle, on the 19th day of May, 1890. The

ball entered the left shoulder about one inch below, and somewhat to the inner side of the carracoid process of the scapula, and ranged backward and inward. It struck the lower border of the clavicle, passed through the apex of the left lung and lodged beneath the integument, midway between the inner border of the scapula and the third dorsal vertebra. A cough and expectoration of blood was evidence of injury to the lung and partial paralysis of the hand, of injury to the brachial plexus of nerves. Immediately following the injury, and for some hours, there was much shock.

The accident happened at Wrightsville, about twelve miles distant from Little Rock. Dr. Hudspeth saw the injured boy at midnight at the former place. In order that he could give the patient such attention as the case seemed to require, he brought him to this city, and to the doctor's residence.

The treatment adopted was of a sustaining character: quinine, whisky, digitalis, and morphia hypodermically to relieve pain. Patient's temperature ranged from 98° to 99°. Pulse from 92 to 160 per minute. The latter figure was reached on the 10th of June, two days before the operation.

On the 6th of June, eighteen days after the accident, Dr. Hudspeth noticed a small pulsating tumor, just beneath the clavicle, over the axillary artery, and in five days it had grown to the size of a small orange, and the clavicle was already somewhat elevated by its upward pressure. No difficulty was experienced in diagnosing aneurism of the first and second portions of the axillary artery. I found the patient in the condition above described. He was much emaciated, slight fever, pulse feeble and 120 to the minute.

I advised deligation of the subclacian artery without delay for the following reasons:

The aneurism was of traumatic origin. It was impossible to determine the extent of the damage done to the tunics of the artery. The growth of the aneurism was rapid, and it was not within the power of man to estimate how much additional strain the already diseased and attenuated coats of the vessel could withstand without rupture and fatal hemorrhage.

The patient and his father asked for a few hours to consider the matter, which resulted in their unqualified consent to the operation. The operation was made the next morning, June 13th, with the assistance of Drs. Hudspeth, G. M. D. Cantrell and E. R. Dibrell, and W. B. Burns, medical student. There was nothing unusual in its execution. It was made under strict antiseptic precautions. The artery was tied on the outer side of the scaleni muscles, a silk thread being used, which was cut off close to the knot. The arm was enveloped in flannel and cotton wool. The collateral circulation was soon established.

I am informed by Dr. Hudspeth that the wound healed by primary union, without any suppuration, and that the boy has regained his health, the paralysis in his hand having also nearly disappeared. The subclavian artery was first deligated on the outer side of the scaleni muscles in 1809, by Sir Astley Cooper. The first successful operation was made by Dr. Wright Post, of New York, in 1817. The latest statistics I am able to find in regard to this operation is in a lecture by Dr. John A. Wyeth, of New York, published in the October number, 1890, of the International Journal of Surgery, in which he gives the number of operations for anuerism at that date at 130, with 47 fatal results.

I. Laparotomy for Removal of Both Ovaries. II. A Case in Which a Plate With Four False Teeth Was Swallowed.

BY C. WATKINS, M. D., LITTLE ROCK.

[Read at the Fifteenth Annual Session. Little Rock, May 14–16, 1890.]

1. Mrs. E., aged thirty years, married two years, came under my care with the following history: For seven years, at exactly ten days before menstruation, she suffered the most excruciating pains referable to the ovarian region, both day

and night. Opium administered in every form to narcotism finally failing to give relief after the appearance of the menstrual flow she got instant relief and could be up and about until ten days prior to the next period. Of course such a history pointed to ovarian dysmenorrhœa. I concluded, however, to dilate the uterine canal thoroughly, use hot water douches freely, counter irritation over the ovaries, tonics and alterative treatment between periods, and at the most painful times bromides combined with Batley's sedative, and aided at different times by hypodermic injections of morphia and atropia and anesthetics to control the paroxysms of pain, the idea being to first exhaust the ordinary means of treatment in order to clear away all doubt of any *curable* dysmenorrhœa from disease or obstruction in uterine canal, before undertaking so grave an operation; *then*, if no relief, to remove the ovaries. She agreed to the plan, and after several months, faithful treatment, with no appreciable benefit, but on the contrary, for ten days out of each twenty-eight she was a martyr to the most excruciating suffering, telling alike upon both mind and body, I could see no alternative but in the operation. With the assistance of Drs. Stark, Prather and Seaver, I opened the abdominal cavity and removed both ovaries. They were but slightly enlarged. Some cystic degeneration, but both ovaries, particularly the left, were firmly bound down by inflammatory adhesions, rendering their removal difficult. The ligatures used were of silk and the pedicles were dropped back into the abdominal cavity. After careful cleaning, the wound was closed and dressed antiseptically. She made a good recovery. Both ovaries being removed, one would naturally suppose that menstruation would cease—at least after a few periods—but it did not, and she has furnished me with a record. I will give it to you in her own words: "The surgical operation was performed July 11, 1888. Menstruation commenced the next day; then not until September 15th; then again in November and December, 1888. The menstruation was more profuse than before the operation, being very *little* before. I suffered little or no pain up to January, 1889,

then I began to have dull, weary pains in back and abdomen, and down my right limb—almost as bad as before the operation, excepting the awful pain in the side; that never returned. During the entire year 1889 I think I had my menstruation about seven or eight times. I forget the dates; sometimes it would be every month regular and then skip a month. There were two months during the summer when I suffered ten days before menstruation as I had formerly done; then in November it came on every few days all the month long, sometimes two days and stop for two or three and then return for a day, finally stopping, until the second week in December, when it continued up to the 4th of January, 1890. At first during this time, only a scant flow, but constant each day, though without pain, until about the 26th of December, when I began to suffer with pains in abdomen, back and limbs. The flow became so profuse that I was alarmed and tried alum and water to stop it, but could not, and about the 28th large lumps of black, clotted blood passed; the first would weigh one-half pound. Then next day two smaller ones; then shortly afterwards the flow stopped, also the pains. I have had neither since, up to this date, April 14, 1890. Have felt stronger and better since than I have for seven or eight years. This report is as near right as I can get it. I do not remember all the dates correctly; in fact, I have tried to forget all *about the whole business!* I am feeling just splendid now. Hope this will answer your purpose. Very truly yours, etc." The cause of the dysmenorrhœa I believe to have been a severe case of ovaritis, and the resultant products of inflammatory adhesions of the ovaries—peri ovaritis with local peritonitis. An interesting feature to me was the long-continued menstrual flux. It seems that ablation of the ovaries does not always result in cessation of menstruation, but I believe it is unusual for it to last so long. Probably some ovarian stroma was left behind; maybe the tubes and uterine canal play a part in this wonderful function. The ovaries removed, ovulation stops. It does not necessarily stop sexual desire. I will not weary you with the discussion of a disputed question as to the source of the

menstrual flux, but content myself with the simple narration of facts as they occurred in this case.

2. A case in which a plate and four false teeth were swallowed: On March 17, 1887, M. K., a merchant, aged about forty-five years, swallowed the plate with four false teeth attached, which I have herewith. He was reading one evening and dropped off to sleep without removing them from his mouth, as was his usual custom. He woke up with a choking sensation, and after becoming fully aroused and recovered from the strangulation and scare, he found that his four front teeth were gone, and from the sensation he surmised aright—that he had swallowed them, and at the time of his visit to me he complained of an uneasy feeling in his stomach. I advised him to go quietly about his business and to report to me every few days, and especially if he had any severe pains or evidences of obstruction. The uneasiness in the stomach, with occasional, though not severe cramping, lasted until one Friday night, twenty-eight days after swallowing the teeth, he was awakened by violent cramps in the stomach. After these subsided (the payloric orifice having most probably been passed), there was no more pain until the following Sunday morning, having had a large, consistent action, he found the teeth imbedded therein (he had been looking for them in every stool), and brought them to me in triumph! I pursued in this case what might be called the diet treatment, composed especially of Irish potatoes, supplemented by rice, bread and butter, etc., the idea being to make the stools as large and consistent as possible, and so distend the gut, and thereby aid the passage of the foreign substances. I did not administer any cathartic medicine; in addition to this, I was prepared, with the patient's consent, on short notice, to perform laparotomy and open the stomach or bowels should any form of obstruction occur in either of these parts of the alimentary canal.

Epistaxis a Liver Trouble.

BY J. C. MINOR, M. D., HOT SPRINGS, ARK., FORMERLY OF WALNUT RIDGE.

[Read at the Fifteenth Annual Session, Little Rock, May 14-16, 1890.]

There is no doubt but that many cases of obstinate epistaxis in this locality (Northeast Arkansas) are due primarily to hepatic disorder, and that when treatment can be properly directed to this organ a speedy and satisfactory relief can be procured for the "bleeder."

Out of six cases (two of long standing), four were proven to the writer to be due to the cause in question, presenting, as they did, the usual objective and subjective symptoms of the bilious disorders frequently accompanying malarial troubles.

In all six cases styptics (hot douche, lemon juice, tannin, ergot, etc.) were used, proving of value in but two cases, while the other four yielded promptly only after irritating the region of the liver with a blister or with yellow ox. mercury ointment. It may be added that when the malarial symptoms returned (as they did in two cases), the tendency to hemorrhage returned also, but was controlled by the vigorous application of the yellow ointment to the right hypochondriac region.

I have had for several months under my observation a girl 9 years old, apparently bright, cheerful and in good health, but has been since early infancy subject to periodical attacks of epistaxis. The attacks have been usually protracted and prostrating, occurring about every two weeks, lasting some times three or four days and suddenly ceasing. About three months ago, during a severe attack, I applied ungt. oxid. hydr. flav. (U. S. P.) to region of liver and spleen (liver and spleen enlarged), and directed its continued application night and morning for several days. Tr. chlor. ferri. was also administered for one afternoon, every two hours twenty to thirty drops.

The bleeding ceased in four hours. Considerable irritation and soreness resulted from the use of the ointment. She has

since had a slight attack, which lasted only a few hours. The ointment is used occasionally as a precautionary measure.

I do not attempt to explain these cases, but simply report the facts connected therewith. We rarely see cases of epistaxis obstinate unless there is some want of vitality present with a tonic condition of capillaries. Many of these cases are due to disorders of liver, spleen, etc., and of malarial origin.

Authorities disagree as to what forms of liver trouble are most common causes. I found enlargement of liver and spleen in all the cases here mentioned.

The State Society.

To the Ex-Presidents of the State Medical Society of Arkansas.

You are cordially and earnestly invited to attend the sixteenth annual meeting of the Society, to be held at Hot Springs, April 29th, 30th and May 1, 1891.

Since its organization the Society has elected sixteen presidents including the present incumbent. Of that number three have died and there are now in the State, well preserved in body and mind, actively engaged in the practice of their profession, thirteen ex-presidents who ought to favor the Society with their presence at the next meeting. The honors of the Society have been invariably bestowed most worthily. The presidents have been selected on account of their learning, devotion to medical organization and ability to lead those less gifted than they. It is but due to those who thus honored them that they should exert themselves to be present at the Society's meetings and by their counsel and wisdom continue to guide and encourage until medical organization in Arkansas shall be so firmly established that their services will no longer be indispensable or until age and decrepitude shall entitle them to rest from their labors.

How to Prepare Papers That Are Interesting.

The following editorial in the Journal of the American Medical Association applies with equal force to the State Medical Society of Arkansas :

SECTION MEETINGS OF THE ASSOCIATION.

The real success of the Association meeting depends mainly upon the work done in the Sections. The general addresses vary widely, and although they often present very excellent discussions and resumes of our present knowledge, still they are not presumed to reflect the best scientific work, but to deal in a general and popular way with medical interests generally. The officers of the Sections are, after all, more influential in directing medical progress. They should not leave the topics altogether to the chance of volunteers to prepare and read papers ; nor after inviting and receiving a dozen or more papers on widely differing topics, and finding it impossible to group them in any natural order, should they proceed to serve them up on the time plan in the order of their reception. The officers of each Section should select one or more general topics that have a broad interest to the whole profession, then invite several leading men to discuss the different phases of the subject. After this voluntary papers may be admitted. In this way the listener could get some general idea of the views of the best authorities, in some of the different fields of medicine.

More important still is the method of presenting papers. Each reader should remember that his listener is a practical man, who comes for a practical purpose of enlarging his knowledge of science; also, that his medical position or reputation is of little moment to the hearer. The hearer, like the Athenian of old, comes to hear something new; or to compare his knowledge with others. First of all the writer of a paper should be convinced that he has some new fact to communicate ; some new view of the etiology, pathology or therapeutics of some disease ; or some new effect of a

medicine; or some fact that has not been mentioned before. Then state this fact in the briefest way possible. If it be relating to pneumonia, he reflects on the intelligence of his audience by giving the history and pathology of this disease, and the many views of different authors, when he merely wants to call attention to a new remedy and method of cure. If he has made a discovery in the pathology of diphtheria, the history and views of others of the pathology is an assumption that his audience are first course students in medicine, and cannot appreciate his views unless the entire history is given. If it is on a surgical subject, or any other branch of the practice, it is always in bad taste to go over in detail general principles as laid down in any text book. It is also very suspicious for any writer to load down his topic with references to foreign authorities, which the average reader cannot verify, or even to quote largely from home writers, and close up with a ponderous list of references. If he is writing a book or prize essay, it may not be noticeable, but for a paper to be read at the Association meeting, it should not be. All the listener wants are the writer's conclusions and the facts upon which they are based. He will listen cheerfully to a full elucidation of these, but turn away wearied when the writer falls back to describe well-known facts.

A paper for the Association should only be exhaustive along some new, unknown range of study; and even then the writer will be praised for giving his conclusions, and refer the listener to a printed copy when it appears in the Association journal. The Journal, in not a few instances, has suffered from the space given to long papers, which were but a mere repetition of what could be found in every text book. These papers were read before some Section, and their publication was inevitable. The writers were merely publishing their own weakness, and the Journal cannot be made responsible. The elevation of the tone and character of the Journal will largely depend on the writers and readers of papers at the Association meetings. Editors may write well, and make selections of the best current literature, but if the best half of the Journal is

filled with heavy padded, pedantic and text-book papers, their efforts are sadly neutralized.

Is it not true that journalistic literature is unfortunately loaded down, in all sections of the country, with papers made up from text books, that suggest nothing, or teach nothing, that has not been known before? The Journal has the same experience as others, but, unlike them, it can address its writers in advance. At the coming meeting at Washington over a hundred papers will be presented and read. Each writer will always represent himself more than the topic he discusses. If he has anything new to communicate, it will not be lost in faults of presentation, or of style of writing. If he has nothing new, all the elegant flow of words and learned references to vast libraries can never give it life or vitality. Each writer should remember that he cannot in any single paper of any reasonable length exhaust his topic, or even convey a complete general impression of the entire subject. This is very evident in the attempts of really expert men to give reports of the progress of science in any one department, which is always imperfect, and becomes more so every year, for the reason that the progress of medicine is so rapid and expansive that no one man can present any complete picture of even one department. Each writer should remember that his personal views and opinions are only valuable when they are sustained by real or assumed facts, which his audience would like to hear, so as to form an opinion for themselves.

The facts of medicine are like those of astronomy, always open to a marked personal equation, which is a source of error that needs constant correction. A writer may be very positive in his conclusions, but a study and comparison by others of the same topic fail to sustain him; hence, it is dangerous to urge the completeness and accuracy of any facts beyond all others. Each writer should never forget that the Association and its meeting represent the science of medicine in this country. Papers which have been praised in his local Society come before a different audience in the Section meetings. Nothing

can be greater injustice personally and to the Society than careless, confused, egotistical papers.

The Journal particularly urges all writers who are to take part in the coming meeting to present their best work, in the best manner. It would also urge the officers of each Section to discriminate and arrange papers that are offered, and advise writers frankly as to the merits of their papers. Brevity and condensation are the practical needs of the medical public. While the general character of the papers read at the Association meetings have been steadily improving, the demand each year is for broader, more thorough scientific discussions. The theories and conclusions of last year cannot always be trusted today. The progress of medical science is rapid and intense, and the aspect of many supposed facts have changed materially. A repetition of last year's papers, unless fortified by some new evidence and new views, are open to grave criticisms. Extraordinary results from the application of remedies or methods of treatment bring the writer into a center of suspicious criticism. All such papers need to be grouped with great care and exactness.

Finally, the Journal, upon whom much of the criticism falls for bringing to light the varied papers which are read before the Association, would remind all the coming writers that the more accurately and scientifically they present their papers, the greater the success of the meeting. An *ideal* journal can only be made by embodying the high scinntific ideals of the writers in its pages.

The most practical fields of work are observing, grouping and comparing real and supposed facts, not to discover their full meaning, but their possible practical relation. This is the spirit and purpose of the Association, and the responsibility and scientific success of the coming meeting will turn on the recognition of this fact.

The members of the Association look to the officers or the Sections and the writers to make the coming meeting superior to all others. This will be merely along the line of all science in evolutionary growth.

Very Important Notice.

Heretofore the programmes of the meeting have been completed just before the time of assemblying of the Society. The preparation of the programmes has always been a matter of much worry and unnecessary labor on the part of the secretary all on account of the dilatoriness of the members who were to read papers, in sending in the titles of their papers in proper time. It is proposed to publish in the April number of the JOURNAL the full programme of the Hot Springs meeting, and as the copy will have to be in the hands of the printer by the FIRST OF APRIL, it is important that the titles of all papers shall be sent to the secretary BEFORE that date.

Those who intend to read papers will therefore confer a special favor upon the secretary of the Society and officers of Sections by sending the titles of their papers at once both to the secretary of the State Society and to the president or secretary of the Sections in which they desire to read them. On receiving titles of articles the Section officers ought to transmit them immediately to the Society secretary.

The Hot Springs Meeting.

The present indications are that the approaching meeting of the Society will be the largest ever held. Most all of the regular attendants will be on hand, and a large number of "occasionals" will take advantage of the opportunity to visit the Springs and attend the Society meeting.

Strenuous efforts ought to be made to have as large an attendance as can be obtained. There is no reason why there should not be at least 150 at the meeting, and that number can be easily reached if ALL take an active and dutiful part in the preliminaries. At least 100 new names can be added to the list of members if one or two of the members in each of the counties having Societies will exert themselves to obtain

applications for membership from those who will not be able to go to Hot Springs, and at the same time persuade those who can get off from their practice to go with them to the meeting. Regardless of the size of its membership, the State Medical Society of Arkansas has accomplished everything that has been done in the direction of medical legislation including the defense of the State against the invasion of yellow fever in 1878-9; securing suitable provision for the insane, the blind, the deaf and dumb, and, though of doubtful results, the enactment of the present medical law—but in a very different form from the original draft. If every member of the State Society of Arkansas who can *conveniently* do so will come to the next meeting; if every one of those who attend will endeavor to add a name or two to the roll of members, and if, while the meeting is in progress, a lively interest is taken in the proceedings, the Sixteenth Annual Session will be noted as accomplishing more for the good of humanity and the medical sciences than any similar gathering that was ever held in Arkansas has achieved for any goodly purpose.

Easy To Be Done, but Important Nevertheless.

Members of the Society may be unable to do some of the "capital operaptions" in connection with the Society's meeting, but there is one "minor" though most necessary thing that every member should try to master and that is, the getting of cash subscribers to this JOURNAL. This is a work in which every friend of medical organization ought to join with a hearty good will. Though the periodical is called THE JOURNAL OF THE STATE MEDICAL SOCIETY OF ARKANSAS, its managers endeavor to make it the servant and friend of the entire regular profession in this State. Its usefulness and influence will in a great degree depend on the number of readers it has, and this will also be dependent on the individual efforts of the members of the Society. Let every doctor who comes

to Hot Springs on April 29th bring a list of cash subscribers to the JOURNAL. The JOURNAL'S objects are to keep the members of the Society thoroughly posted on matters pertaining to the profession in this State; to increase the State and County Society's membership; to have means of communication between County Societies; more accomplished at the annual sessions; to advance the standing, influence and *power* of the medical profession in Arkansas and bring it to a degree of organization that will put in the attitude of aggressor rather than supplicant in matters pertaining to the health, longevity and hygienic welfare of the people of our commonwealth.

Subscription, $2 per annum in advance.

Final Announcements.

In the next issue of the JOURNAL (April 15th) all the final announcements will be published, such as notices of reduced railway rates and how they can be obtained, hotel rates at Hot Springs, railway time tables, and many other items that can be of use to those who care to profit by them. Formerly the secretary has dissemminated this information to all physicians whose names and addresses could be obtained. As the JOURNAL will be the only means of imparting this information this year, it is all-important that subscribers to the JOURNAL take the pains to impart the necessary information to their medical acquaintances, and the secretary or other member of every County Society should read these notices at the meetings, or see that members are notified in some positive way.

THE NAMES OF OFFICERS AND CHAIRMEN OF COMMITTEES will be found on the page opposite the first page of reading matter. The list is published for the information of those who desire to communicate with the officers and committeemen and ought to be referred to frequently.

THE OFFICERS OF THE SOCIETY are only the Society's servants, and in that capacity are willing to perform cheerfully any duty that may be assigned them; but a battle was never won by officers alone, and the fate of any enterprise depends on unity of action and proper direction. In military and many other affairs officers command and subordinates obey, but in the democracy of medicine the privates decide and the officers execute. The present officers of the Society are anxiously awaiting orders, and no pains will be spared to carry out to the minutest detail the behests of any and every member.

HOT SPRINGS IS IN MANY RESPECTS the most wonderful place on the face of the earth, and many people, including physicians, come from all parts of the globe to see it and study its peculiarities. What do the Arkansas doctors know about the Springs? Come to the Springs when the Society meets there, drink some of the marvellous hot water, take a steam bath and have a good rubbing and kneading, and then if you don't believe some suspicious Hot Springs doctor has surreptitiously injected some of Brown-Sequard's elixir into your system, it won't be because you don't "feel that way."

County Societies.

[The proceedings of County Societies are requested for publication in this department.]

Sebastian County Society.

STATED MEETING, FEBRUARY 11.

The Sebastian County Society met February 11, at the office of Dr. Southard.

Drs. Hatchett, Hardin, Southard, Hynes, Moulton, F. Johnson, King, Epler and Wright were present, Dr. Hatchett in the chair.

The minutes of the preceding meeting were read, corrected and approved.

Dr. Saunders reported for the Committee on Koch's lymph, that the canvass for funds was not completed, $225 having been subscribed. The committee was continued.

Dr. Hynes read a paper upon the treatment of tuberculosis by injection of Koch's lymph. The subject was generally discussed by Drs. Saunders, Epler, Moulton, Wright, Hardin and Hynes.

Dr. Hynes reported a case of enlarged prostate and cystitis, in which ordinary means of relief had been faithfully tried without success.

Dr. Hatchett reported a case of dermoid cyst, intra-ligamentous. Laparotomy was successfully performed. Patient was doing well. He also reported a case of congenital inguinal hernia, in which McBurney's operation was tried, but was given up as impracticable.

It was moved and carried that the Society meet semi-monthly, on second and fourth Tuesdays of each month.

The Secretary was requested to prepare an alphabetical list of the members, from which essayists might be chosen in routine, and to notify each appointee a month or so before his turn. He was also requested to have postals printed, announcing the time of meeting, the name of the essayist and his topic; to fill out same and mail to each member a short time before each meeting.

The standing committees were as follows:

Judicial Council—Drs. Gardner, Smith and Moulton.

Credentials—Drs. Bailey, Breedlove and Wright.

Printing, etc.—Drs. Epler, Saunders and Thompson.

On Progress in Medicine—Drs. Hynes, Eberle and Southard.

On Surgery—Drs. Bailey, Epler and Southard.

On Obstetrics and Gynæcology—Drs. Saunders, Breedlove, Hardin.

Opthalmology and Otology—Drs. Moulton, G. W. Smith, Foster.

Dr. Breedlove was appointed to read a paper February 24th.

The Society adjourned to meet at the office of Dr. Wright February 24.

B. HATCHETT, *President.*

E. G. EPLER, *Secretary.*

CALLED MEETING, FEBRUARY 16,

At a called meeting of the Sebastian County Medical Society, Monday, February 16, for the purpose of considering the Senate medical bill now pending in the Legislature, the following preamble and resolutions were unanimously adopted:

WHEREAS, In a communication received by Dr. E. G. Epler, secretary of the Society, from the Hon. J. F. Weaver, our Representative, we were informed that an effort would be made to incorporate in said medical bill a provision for the appointment of a State Medical Examining Board to consist of three members from each of the following schools of Medicine: Regular, Homœopathic and Eclectic; and

WHEREAS, There are at least ten regular physicians for every homœopathic and eclectic, in our State, such a partial representation of the regular medical profession on said examining board would be manifestly unjust; therefore, be it

Resolved, That we, the members of the Sebastian County Medical Society, utterly and urgently oppose the passage of such a section in any medical bill.

B. HATCHETT, *President.*

E. G. EPLER, *Secretary.*

STATED MEETING FEBRUARY 24.

The Sebastian County Medical Society met at the office of Dr. T. J. Wright February 14. Those present were Drs. Breedlove, Wright, G. W. Smith, Epler, Thompson, Gardner, Saunders, Moulton, Hardin, Hatchett. The president was in the chair.

The minutes of the regular and of the called meetings were read and approved.

The communications of Mr. Weaver were given and the matter of medical legislation was discussed generally.

The committee on Koch's lymph reported that no progress had been made. Committee was continued.

It was moved and carried that each member be assessed 50 cents for incidental expenses, and that the same be paid to the treasurer.

It was moved by Dr. Epler to reconsider the action of the Society at the preceding regular meeting, whereby the by-laws were amended so that the Society should meet every two weeks, on the first and fourth Tuesdays of each month. It was seconded, and the motion was laid on the table until the following meeting, when it was hoped all members would be present.

The essayist for the evening, Dr. Breedlove, read a paper upon the management of the third stage of parturition. The paper was received with well-merited favor of the Society. A general discussion was indulged in by Drs. Thompson, Saunders, Moulton, Hardin, Gardner, Hatchett, G. W. Smith, Dr. Breedlove closing.

Dr. G. W. Smith exhibited a specimen of an unusually large fibroid polypus removed from the naso parynx of a man. Also a specimen of a calcified eye ball removed the day before.

An interesting case of double retinal circulation was reported by Dr. Smith. A number of cases of impaired eyesight, due to overstrain in preparing for term examinations by the school children, were also reported, and the co-operation of the Society was solicited for the purpose of mitigating the evil.

Dr. Eberle was appointed to read a paper on the second Tuesday in March.

The Society adjourned to meet Tuesday, March 10, at the office of Dr. E. G. Epler.

B. HATCHETT, *President.*

E. G. EPLER, *Secretary.*

To Secretaries of County Societies.

For your convenience blank forms are prepared that you may be enabled, with as little exertion as possible, to transmit to the secretary of the State Society the list of delegates to the coming meeting. You will see that in addition to giving list of delegates, there is provided space for giving such other information as will be of service to the officers in making final arrangements for the meeting. This blank form will accompany each copy of the JOURNAL this month, and as soon as you can obtain the necessary data, forward to the secretary of the State Society.

Phillips County Society.

At a recent meeting of the Phillips County Society a committee was appointed to draft a suitable tribute to the memory of the late Dr. Peter R. Ford, for many years a resident of that county, and a member of her medical organization. Though absent from his old home at the time of his death, and a permanent resident of a sister State for several years previously, his confreres held him in such high esteem and affectionate remembrance, that the Society adopted the beautiful tribute to his memory, which is published in another part of the JOURNAL.

Clark County Society.

From inquiries received by the secretary of the State Society, it appears that this county has at last organized a society. No official information of the fact has been received, but doubtless delegates will be sent to the State Society at Hot Springs.

List of Physicians and Surgeons Registered in Saline County, Ark., Since April 1, 1881.

Physician or Surgeon or both	Name of Physician	Residence.	Date Registered.
P. & S.	J. W. Adams	Benton, Ark	April 22, 1881.
..	J. W. Cole	..	March 31, 1881.
..	J. T. Harvey	..	April 23, 1881.
..	T. A. Harvey	..	April 23, 1881.
..	J. W. Hall	..	May 3, 1881.
..	A. J. Graham	..	June 13, 1881.
..	W. H. Reynolds	Saline county, Ark	June 25, 1881.
..	B. S. Medlock	Collegeville, Ark	July 4, 1881.
..	C. Reid	Hurricane, Ark	July 4, 1881.
..	A. F. Mitchell	Saline county, Ark	July 29, 1881.
Phyci'n	Peter Staner		August 5, 1881.

The above named are residents of Saline county, registered on proof of continuous practice.

The following were registered on certificate of examination of Medical Board for Saline county, Ark.:

P. & S.	L. C. Boston	Saline county, Ark	July 4, 1881.
..	Lee M. Bently		July 4, 1881.
..	D. N. Fisher		July 4, 1881.
	D. P. Roffe		July 4, 1881.
..	V. D. Lafferty		July 4, 1881.
..	James M. Gilbert		September 27, 1881.
..	E. J. Rowland		March 13, 1882.
..	H. Driver		July 8, 1882
..	B. F. Stevens		September 7, 1882.
..	George Dalton	..	March 24, 1883.
..	A. J. Graham		June 14, 1883.
..	Mrs. M. C. White	New York City, N. Y	January 24, 1885.
..	Alexander Boaz	Clark county, Ark	January 26, 1885.
..	W. J. Smith	Columbia county, Ark	June 20, 1885.
..	C. H. Redperen	Alexander, Ark	February 20, 1885.
	B. F. French	Cincinnati, Ohio	October 15, 1885.
	R. Chennault	Little Rock, Ark	January 18, 1886.
..	H. L. Kennamer		January 18, 1886.
..	L. H. Cartledge	Benton, ..	February 14, 1886.
..	R. K. Bond	Monticello, ..	February 17, 1886.
..	C. C. Nail	Sebastian, county, ..	February 18, 1886.
..	S. P. Bond	Little Rock, ..	September 28, 1886.
..	J. M. Williams	Sandy Springs, ..	December 20, 1886.
..	G. W. Lewis	Little Rock, ..	January 4, 1887.
..	G. W. Newsom	Natural Steps, ..	January 5, 1887.
..	W. Frank Stotts	Huntersville, ..	January 6, 1887.
..	R. C. Thompson	Little Rock, ..	January 22, 1887.
..	E. R. Layne	Rose-bud, ..	January 26, 1887.
..	J. D. Valentine	Little Rock, ..	January 27, 1887.
..	W. O. Reagan	College Hill, ..	January 27, 1887.
..	J. D. Harris	Beebe, ..	January 28, 1887.
..	J. J. Wiggs	Little Rock, ..	February 10, 1887.
..	W. S. Pickett	..	February 10, 1887.
..	G. G. Agerton	Fair Play, ..	February 19, 1887.
..	A. H. Holt	Magnet Cove, ..	March 21, 1887.
..	W. F. Baskerville	Lonoke county, ..	April 25, 1887.
..	Frank E. Larne	Alexander, ..	December 26, 1887.
..	J. A. Hudson	Coal Hill, ..	December 26, 1887.
..	F. H. Redwine	Winchester, ..	December 26, 1887.
..	A. Prather	Little Rock, ..	January 19, 1888.
..	T. A. Fowler	New Edinburg, ..	January 23, 1888.
..	V. W. Weir	Beebe, ..	January 26, 1888.
..	G. M. Williams	Marshall, ..	January 26, 1888.
..	J. J. Morrow	Yellville, ..	January 26, 1888.
..	J. A. Green	Rover, ..	January 28, 1888.
..	J. H. Jackson	Center Age, ..	January 28, 1888.

List of Physicians and Surgeons Registered in Saline County Ark., since April 1, 1881—Continued.

Physician or Surgeon or both.	Name of Physician.	Residence.	Date Registered.
P. & S.	J. M. Patton	Faulkner county, Ark	February 7, 1888.
"	O. S. Ragsdale	Pope county, "	February 7, 1888.
"	J. J. Moncrieft	Eva, "	February 10, 1888.
"	W. A. Jackson	Romance, "	February 10, 1888.
"	M. C. Hays	Little Rock, "	February 14, 1888.
"	J. L. Slaight	Garland county, "	February 15 1888.
"	P. M. Steed	Saline county, "	February 25, 1888.
"	J. E. Williams	" "	March 31, 1888.
"	Wm. Bryan	Pioe Bluff, "	April 16, 1888.
"	W. B. Turner	Little Rock, "	June 1, 1888
"	C. L. Wish	Independence Co., "	December 4, 1888.
"	R. M. Griffin	Appleton, "	December 14, 1888.
"	W. A. Smith	Battleville, "	December 14, 1888.
	C. H. Mitchell	Valonia, "	December 15. 1888.
"	J. G. Allen	Heber, "	December 31, 1888.
"	F. P. Payne	" "	December 31. 1888.
"	Samuel Parker	" "	December 31, 1888.
	W. H. Tolard	Nashville, "	January 10, 1889.
"	J. H. Holcomb	Clayton, "	January 10, 1889.
"	J. B. Merrill	Biogen, "	January 10, 1889.
	J. M. Barr	Saratoga, "	January 10, 1889.
"	L. E McCurry	Batonia, "	January 12. 1889.
"	J. G. Adams	Yellville, "	January 12, 1889.
"	J. S. Adams	Solgohachie, "	January 18. 1889.
"	W T. Marrow	" "	January 18, 1889.
"	J. B. Munn	Vilonia, "	January 19, 1889.
"	G. L Dickinson	Umpire, "	January 19, 1889.
	J. T. Robertson	Bolivar, Tenn	January 23. 1889.
"	J. W. Walton	Benton, Ark	January 23, 1889.
"	J. D. Faust	Little Rock, "	January 24. 1889.
"	Joseph S. A. Oppling	Prattsville, "	January 26, 1889.
"	A. T. Beller	Little Rock, "	January 26, 1889.
"	T. L. McCareey	Atkins, "	January 26, 1889.
"	B. E. Meadows	Big Flat, "	January 28, 1889.
"	M. F. Stanfield.	Toledo, "	January 28, 1889.
"	A. D. Landers	Rison, "	January 28, 1889.
"	I. M. Payne	Clarksville, "	February 2 1889.
"	A. N Wood	Jacksonville, "	February 2, 1889.
"	P. J. Scott	Austin, "	February 27, 1889.
"	V. M. Johnson	Lakeport, "	March 14, 1889.
"	J. C. Chennault	Collegeville, "	March 16, 1889.
"	Julius A. Bogert	Beebe, "	March 20. 1889.
"	S M. Dolk	Anilla, "	May 9, 1889.
"	John Laird	Beebe, "	June 12 1889.
"	J. L. Butler	Alexander, "	June 17, 1889
"	John R. Davis	El Paso, "	June 20, 1889.
"	J. W. Yancy	Conway, "	March 19, 1890.
"	J. W. Ringgold	Lollie, "	June 14, 1890.
Physci'n	W. F. Shamblin	Atkins, "	September 22, 1890.
"	W. M Linely	Mt. Vernon, "	November 5, 1890.
P. & S.	J. C. Shackelford	Fayetteville, "	November 29, 1890.
"	A. S. Wood	Wesley, "	November 29, 1890.
"	J. F Jeffeis	" "	December 10, 1890.
"	J. E. Luther	Big Flat, "	December 10. 1890.
"	S. J Ward	Dublin, "	December 10, 1890.
"	E. T. Brantley	Lacy "	December 13, 1890.
"	J B. Bridges	Hazen, "	December 13, 1890.
Physci'n	W. J Somell	Vilonia, "	December 17, 1890.
P. & S.	J. J. Stewart	Silex, "	December 18, 1890.
"	G. A. Waters	Dayton, "	December 29, 1890.
	Z. L. Kirkham	Clear Spring, "	January 6. 1891.
"	N. T. Moore	Wrightsville, "	January 12, 1891.
"	W. E. Jones	Auburn, "	January 26, 1891.
Physci'n	H. B. Powell	Clarksville, "	January 30, 1891.
"	N. D. Armstrong	Altus, "	January 30, 1891.
"	B. B. Brown	Little Rock, "	January 30, 1891.
"	W. B. Cleveland	Center Ridge, "	January 30, 1891.
P. & S.	F. J. Bridges	Butlerville, "	February 2. 1891.
"	W. J. Long	Cond, "	February 2, 1891.
"	Edwin Sharp	Little Rock, "	August 14, 1889.
"	W. F. Powell	Alpine, "	December 18 1889.

List of Physicians and Surgeons Registered in Saline County, Ark., since April 1, 1881—Concluded.

Physician or Surgeon or both.	Name of Physician.	Residence.	Date Registered.
P. & S.	W. P. Baker	Amity, Ark	December 18, 1889.
"	J. B. Pardew	Social Hill,	December 26 1889.
"	T. L. Knight	Huntsville,	December 30, 1889.
"	R. P Blackwell	Macon "	December 30 1889.
"	J. M. Reynolds	Cascade, "	January 11, 1890.
"	J. J. Barnett	Lonoke, "	January 11, 1890.
"	John W. Pipkin	Little Rock, "	January 16, 1890.
"	W. G. Lawrence	Dora Etta, "	January 23, 1890.
"	J. J Jacobs	Harmony, "	January 27, 1890.
"	W F. Jacobs	"	January 27, 1890.
"	A. R. Disk	Alco "	February 3, 1890.
"	J. S Wilson	Greenbriar, "	February 3, 1890.
"	B W. Howard	Little Rock, "	February 5. 1890.
"	W. H. Bennett	Spillersville, "	February 13, 1890.
"	G. W R. Smith	Grant, "	February 13, 1890.
"	J. N. Pennington	Prairie Grove, "	February 19, 1890.
"	J. R. Howard	Cascade, "	February 19, 1890.
"	V. M. McDowell	Greenbriar, "	February 24, 1890.
"	R. S Burns	Social Hill, "	February 24, 1890.
"	J L. Clayton	Arkansas City, "	February 28, 1890.
"	H. B Pinson	Otto, "	February 28, 1890.
"	J. W. Arnold	Melbourne, "	February 7, 1891.
"	W. E. Wycough	Solado, "	February 7, 1891.
"	J. A. Bell	Wesley, "	February 7, 1891.
"	J C. Rudell	Greenwood, "	February 7, 1891.
"	D. L. Rollins	Benton, "	February 7, 1891.
"	C. M. Vaughine	Pine Bluff, "	February 20, 1891.
"	J. S. Hartsill	"	February 20, 1891.
"	John M. Young	Shaw, "	February 21, 1891.
"	Lee Zuber	Zuber, "	February 21, 1891.
"	J. H. Jacobs	Harmony, "	February 23, 1891.
"	S. Bonham	Benton, "	February 23, 1891.

STATE OF ARKANSAS, }
County of Saline. }

I, John F. Shoemaker, clerk of said county, hereby certify that above and foregoing is a true list of physicians registered in said county as shown by the register in my office.

Witness my hand and seal as such clerk on this 27th day of February, 1891.

JOHN F. SHOEMAKER, Clerk.

Pharmacy.

[Devoted chiefly to the interests of the Arkansas Association of Pharmacists, under the direction of their President, Mr. W. W. Kerr, Batesville, Ark., to whom all communications relating to this department should be addressed.]

Another Blow at Pharmacy in Arkansas.

The pharmacy bill was defeated in the lower house on the 13th day of February, by a vote of 34 to 42. It had passed the Senate with only one dissenting voice, but when the con-

centrated wisdom of the other branch of the Legislature was brought to bear upon it, it so far outweighed that of every intelligent, progressive citizen, physician, pharmacist and Senator combined, that the weight crushed it. Such ponderousness would crush an iron wedge. It is hard for one who has worked, waited and hoped, for eight long years to secure such legislation as would purify and elevate the profession of pharmacy, and thereby increase the safety of the public, to write calmly, even prudently, in the presence of another defeat. But it is childish to "cry over spilled milk;" better heed the lesson taught by failure, and take courage from discouragement for a new start. The time will come when Arkansas will have a pharmacy law. It may be near and it may be far, but whether near or far, it is the great work ahead of the pharmacists of the State, and the end to which they must ever look, and for which they must ever work. It has always been the opinion of the writer, confirmed by each succeeding failure, that if we are ever to have pharmical legislation, it must come as the result of organized effort, not otherwise. Defeat, then, is the very strongest argument in favor of rallying to the support of the Arkansas Association of Pharmacists. If that Association numbered amongst its members every druggist in the State eligible to membership, it would place it above the charge of being a ring or clique, and give it a power that would compel respect. As a druggist, not a member of the Association remarked to us, upon hearing of the defeat of the bill, "That means that we must all join the Association." This is exactly what it means, and it is to be hoped that when the despondency which first follows defeat, shall have given place to sober second thought, the situation will be seized by every member of that organization and utilized as a lever to bring in new members. It is certainly not asking too much to request every one who at present belongs to the Association, to bring or send in one application between now and our next meeting. This can be done without much effort, and would give us a membership of about three hundred, which, by the meeting in 1892, could

easily be increased to five hundred, and what could not five hundred earnest, industrious men, bound together with hooks of steel, and working as one, accomplish in any direction.

Brethren. this is the road, and the only road to success. Will you follow it?

The House bill, identical with the one defeated, was passed by the House March 10. A motion to reconsider is pending as we go to press.—EDITOR.

Medico-Pharmacal Meeting.

The meetings of both the State Medical Society and the Arkansas Association of Pharmacists will be held in Hot Springs this year, the former on the 29th of April, and the latter on the 20th of May. It is to be regretted that they could not have been held at the same time, but April belongs to the busy season with the Hot Springs druggists and it would have been highly inconvenient for them to have entertained the Association at that time.

The two organizations have so much to accomplish that is common to both, that it is quite desirable that they should meet as often as possible, at the same time and place. Whatever of the want of a proper appreciation of each other as professional men may exist would be largely dispelled by a closer acquaintance and social contact, and whatever complaints either may have to prefer against the other would be the sooner settled by coming face to face and talking them over. The next meeting, especially, would give both an excellent opportunity of falling into each other's arms and having a good cry over what the Legislature did not do for them, or *cussing* that body in concert for its pig-headedness, as we doubt not the doctors will be as mad by that time as the pharmacists are now. The pharmacy bill has failed to become a law, and the medical bill, by the same token, is likely to meet a similar fate. But the practice of both professions is bound to go on all the same, and it behooves their

devotees to work, and to work in harmony, for the elevation of their chosen professions, and since they cannot depend upon the laws to assist in the noble undertaking, they must depend upon themselves; and after all, that is the surest road to success. It is not at all improbable that if the same amount of labor was expended in building up the practice of medicine and pharmacy through the two State Associations, that is put forth to effect it by means of favorable legislation, the desired end would be sooner attained, and an even higher plane reached. It is only calling the thing by its proper name to say that it is ignorance upon the part of legislators that prevents the enactment of wholesome laws governing and limiting the practice to men who have given some evidence of their fitness for their responsible duties, but it is an ignorance which can hardly be censured since it is too often the case that they see so little evidence of the professional in the conduct of their home physicians and pharmacists. Particularly is this true with reference to the latter class, which has a business side to it, which is generally so conducted as to completely obscure the professional, and place it in exactly the same category with the family grocery; consequently the lawmakers conclude that it would be just as consistent to regulate the one as the other.

Pharmacists should never forget that theirs is a professional as well as a business occupation, and should always be so conducted as to make that fact patent to every customer. Be not merely druggists—dealers in drugs—but pharmacists.

The following are the committees of the Arkansas Association of Pharmacists:

EXECUTIVE COMMITTEE.

James E. Gibson, *Chairman* Little Rock
Dr. A. B. Sholers Little Rock
John A. Jungkind Little Rock
James H. Mann Pine Bluff
W. O. Caldwell Fort Smith

COMMITTEE ON LEGISLATION.

Dr. John B. Bond, *Chairman* Little Rock
David I. Mills Pine Bluff
Harry L. Moore Newport
Fred W. Bush Benton

ON PHARMACY AND QUERIES.

John A. Jungkind, *Chairman* Little Rock
S. A. Miller Wynne
J. Lee Cruce Fort Smith

ON TRADE INTERESTS.

F. E. Sapp, *Chairman* Brinkley
W. H. Halliburton Little Rock
Oscar F. Jenkins Helena

ON ARRANGEMENTS.

M. A. Eisele, *Chairman* Hot Springs
E. F. Klein Hot Springs
A. P. Cressey Hot Springs

ON PUBLICATION.

J. W. Beidelman, *Chairman* Little Rock
L. J. Ashby Little Rock
E. P. Schaer Little Rock

ON NATIONAL FORMULARY.

J. M. Anderson, *Chairman* Pine Bluff
M. Holland Newport
W. R. Gannaway Hot Springs

ON ADULTERATION OF DRUGS.

E. E. Shendal, *Chairman* Hot Springs
John D. Mulheron Pine Bluff
Thomas M. Fletcher Little Rock

ON DRUG DISPLAY.

E. R. Goodwin, *Chairman* Batesville
John Laird Beebe
L. A. Fitzpatrick Helena

ON MEMBERSHIP.

S. B. Seward, *Chairman* Little Rock
O. Halliburton Little Rock
W. C. Johnson Little Rock
George M. Bell Monticello
R. C. Grizzard Gainesville

DELEGATES TO WESTERN INTERSTATE CONVENTION.

W. H. Halliburton Little Rock
John A. Jungkind Little Rock
S. A. Miller Wynne
G. N. Hart Pine Bluff
John Schaap Fort Smith
Frank G. Kerr Van Buren
James H. Mann Pine Bluff
E. E. Shendal Hot Springs
W. L. Maddock Newport
W. W. Kerr Batesville

Delegates to the American Pharmacists' Association and the Section on Materia Medica and Pharmacy of the American Medical Society have not been appointed.

The Committee on Pharmacy and Queries will soon issue a circular to members, calling on them for papers for the meeting, and it is hoped they will give a generous response. This is a feature of our meetings that has been too much neglected, not for want of ability to write good, instructive papers, but from a want of appreciation of its importance, or a want of confidence in themselves. Let us have a good many this year, and don't fail to notify the chairman of the committee of the titles, by not later than the 1st of May, so that their place in the programme may be fixed.

The Committee on Trade Interests will also issue the usual list of questions pertaining to the bread and meat side of our business, prompt replies to which will be necessary to the completeness of the report, which is one of the most important to come before the Association.

For the second time the Association offers a premium of a gold medal for the first, and a silver one for the second best

displays of home-made pharmaceuticals, to be exhibited at the meeting. The terms of the contest are:

First—The exhibit is to be made at our next meeting.

Second—It is to be confined to members of the Association, exclusive of the members of the Committee on Drug Display.

Third—It is to be confined to those preparations of the Pharmacopœia for which processes are given.

Fourth—The preparations are to be made strictly in accordance with the requirements of the United States Pharmacopœia.

Fifth—They must be made by the contestant alone, and should be accompanied by evidence to that effect. They may be made, however, by two or more persons, combining together for that purpose, and entering them in their joint names, as, for instance, Jones and Smith.

Sixth—All the expense of transportation to and from the place of meeting, and of their exhibition, to be borne by contestants.

Seventh—Notice of intention to contest to be filed with E. R. Goodwin, Batesville, Ark., chairman of the committee, not less than thirty days prior to date of meeting.

In awarding the premiums, consideration will be had only of the number of the products displayed and the quality, and not the elegance of the display.

This is done to encourage home manufacture, and our young ambitious pharmacists should avail themselves of the offer.

The Committee of Arrangements are actively at work, and will have all things in readiness for the pleasure, as well as business of the occasion, and will publish their programme in due time.

The Committee on National Formulary will be on hand with their exhibit of National Formulary preparations as usual, and their report will be one of the most attractive and useful features of the occasion. In short, the whole feast will be bountifully spread. Let there be no lack of guests.

John B. Sisson.

The following is taken from a recent number of the Arkansas Gazette: "Yesterday Coroner John B. Bond held an inquest on the body of a man found dead in a room at the Tremont House. Nothing of value was found on his person. His clothing was marked 'J. B. Sisson,' a pawn ticket was taken in the name of 'Johnny Sisson,' and a small pen-knife was marked 'S. B. Sisson, Bolivar, O.' He has preserved these and some valuable trinkets for further identification. The deceased was dressed in dark woolen clothing, black hose with garters. He told the chambermaid that he was a druggist from Ohio. The verdict of the jury was 'death from causes unknown.' The remains have been interred at the expense of the county."

The deceased was a druggist and a member of our Association, very well known to many of the members. Johnny Sisson, as he was familiarly called, was a promising young pharmacist, a model of neatness and carefulness, much liked by all for whom he worked. He had but one enemy, and from the above account we fear that enemy pursued him to the death, as he always will all who are so unfortunate as to fall within his clutches.

A COPY of this number of the JOURNAL is sent to each member of the Arkansas Association of Pharmacists in the hope of inducing some of them at least to show their appreciation of the effort in behalf of higher pharmacy by subscribing for it. The association ought to have an official organ, and this offers the double advantage of furnishing such a medium of communication between its members, and at the same time a common meeting ground for the two professions, medicine and pharmacy—which too often prefer to admire each other at a distance—thus not only unifying the integral elements of each, but bringing both into harmony with each other and enabling them to combine their efforts upon any work they may have in common. You say it is a good thing. Well, show that you mean it by sending in your $2 and taking it for a year.

THE ninth annual meeeting of the Arkansas Association of Pharmacists will be held in the City of Hot Springs, on the 20th, 21st and 22d days of May next. The Association will be called to order at 11 o'clock a. m. of the first day.

The Committee of Arrangements will issue a circular at an early day notifying members of the programme of social and business exercises. Let all members make their arrangements to be present and bring their wives, if they have them. If not, "get there." W. W. KERR, President.

AUGHINBAUGH, one of the best of our pharmacists, has sold out his drug business at Fort Smith to J. K. Kimnon, and returned to Indianapolis, his old home. The pharmacists of Indiana, who, like ourselves, have been struggling for years for a pharmacy law, will now have one more good worker.

THE following advertisment appeared in an Irish newspaper: "WANTED—A gentleman to undertake the sale of a patent medicine. The advertiser guarantees that it will be profitable to the undertaker."

IT is said that eight patients died in Paris soon after being injected with Koch's lymph, and as a consequence there is a strong public feeling opposed to further experiments.

O. A. JOHNSON, of Hot Springs, is again in the drug business, having bought out Robert H. Davis, of that place.

WE regret to learn of the death of Samuel Getty, formerly in the drug business at Helena.

MESSRS. MECKEL & MECKEL have opened a new store at Greenwood, Sebastian County.

Miscellany.

Preachers and Patent Medicines.

There are some things so bold, so flagrant and so apparent that we do not notice them. Such things may be good or bad.

We do not think how useful, beneficent and indispensable the atmosphere is, yet it is all about us; we constantly breathe it; we would die without it; we live and move and have our being only as we can get air. So it is with the work of doctors. People know in a general way they are useful. But they do not think, or even believe, perhaps, that they save life, that they relieve suffering, that they stand conscientiously, untiringly, unceasingly fighting disease, caring for the sick and doing good.

Bad things may be also unnoticed. Noxious vapors steal up and impress our systems. We have malaria, yet we know it not until the chill comes. So it is with the miscellaneous indorsement of patent medicines by preachers. It is almost universal. The majority, yea, a large (last November) majority of the clergy give certificates to the various patent compounds. One firm in this city sends thousands of circulars to "The preacher at ———," through the mails, as they get the ministers to sell for them. The notorious Hall, of New York, has swindled thousands through the preachers, who sold for him at a large commission—50 per cent.

Why is this so?

What do the small number of respectable ministers do to save the honor of the cloth? Nothing that we know of.

One thing we want to say, we are not attacking the preachers. It is against the measures done by many preachers that we complain. We are only fighting evil.

And religious (?) papers are the greatest mediums for medicine frauds. Take the old "Preacher-cured-of-consumption-in-India-will-send-the-prescription-free" dodge. It is in

nearly every religious paper published; in a number right here in Atlanta.

Yet this advertisement is a swindle. It is a cheat. Every doctor knows it. Any druggist could tell you it is a razzle-dazzle. Yet religious (?) editors take the money and help swindle their subscribers.

Why should preachers write indorsements of patent medicines? Does a theological course give a knowledge of medicine? One says he was cured of liver complaint. Ah! How distinct, specific, definite! What does he know about his liver—its fuuctions, location or diseases? Yet there is his certificate, with "Rev." before his name. This may stand for Reviled, Reverend (God save the mark!) or better, "Rakes Each V" offered for certificates, that being the usual price.

Yet preachers don't pay for physicians' services. They get coats, hats, flour, railroad fare, and so forth, at half-price. [No wonder Sidney Smith said, "there are three sexes—men, women and preachers!"] But they pay nothing for the labor of doctors.

Yet they turn around and do all in their power to break down physicians, help fraud, aid swindlers, and cheat their church members.

A preacher who indorses a patent medicine is an accomplice in fraud. He helps swindle. For every patent medicine is a fraud, either in composition or representation. Take Carter's Little Liver Pills, said to act on the liver. They are made of watery extract of aloes, cost about 25 cents a thousand, and act only on the rectum twelve or thirteen feet down the intestine from the liver. Take the medicine now vaunted as a "cancer cure." This claim is fraudulent. It is false. No cancer was ever cured by it, and the church-member owners know it. But they make money by telling the lie, and preachers, because they have money, indorse it.

I might extend this list indefinitely, but space will not allow.

Take another such fraud, "Germs in the blood—this medicine kills the germs, thus cures and keeps off disease." This

is all false. No medicine could destroy germs in the blood without killing the person. The diseases mentioned are not caused by germs in the blood and the owner of the swindle knows it—a little muriatic acid and sulphurous acid, costing 10 cents in twenty-five gallons of water, selling for $3 a gallon! The devil will roast them for the extra charge for that water.

TO SUM UP.

1. Preachers who indorse patent medicines are accomplices in fraud.

2. They speak of things of which they know nothing.

3. Preachers who don't pay doctors prostitute themselves and lose the respect of the doctors and themselves.

4. Religious papers and preachers join in with swindlers of whom they could quickly and easily have been informed.

5. A theological course fits a man to give opinions on disease and drugs.—[Dixie Doctor.

The foregoing is pertinent, powerful and particularly severe on our brothers of the cloth, but just suppose one of them had a sufficient insight into some of the inconsistent practices of the medical press and heightened M. D.'s, to come back at us and spread before our eyes some of the "publisher's department's," "commercial notices" and "among our advertisers," etc., pages of almost any medical journal, pointing to the former, while at the same time holding in his hands this:

"SEC. 4. Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them."

Of course the first reply would be that they are not secret remedies because their *formulæ* are given, but is this the real truth ? These advertisements and labels generally read about like this: "each fluid dram *represents* the active principle of so and so; or each teaspoonful contains so and so, combined with *aromatics*, etc." There is hardly a proprietary medicine the full formula for which is given. There is some catch in everyone of them, some incompatibility that nobody but the proprietors can overcome, and therefore the article is not only proprietary, it is also secret. It may be stated that the "Rev. Joseph Inman, Station D, Bible House, New York," was just as consistent and honest (?) as the manufacturers of these proprietary medicines which are being prescribed and indorsed by thousands of physicians all over the land. The Rev. Joseph's plan, which was so completely exposed by the medical press, was to send a prescription free, and along with it the information that if the ingredients could not be obtained fresh in drug stores, he had a specially selected stock gathered by missionaries in Africa, which at the modest price of ten dollars a package he would forward as a blessed favor to the intended victim. Of course there was always some ingredients that could not be obtained anywhere, and the "Rev." had to furnish the sawdust and aromatics at about ten dollars per ounce. Charitable, wasn't he? Now, these secret and proprietary remedies are *forced* upon the medical profession and through the latter introduced to the public on the same principle. The manufacturers and proprietors say "I will give its alleged contents, but will not tell you how to make it; therefore you will have to buy it of me." There may be some extenuation for the preacher's action but what can be said of the doctors that prescribe and the journals that advertise downright patent medicines. In this connection it may be stated that some of the old patent medicines that were about out of date and almost off the market have been rejuvenated by the new process of pushing the use of such medicines through the medical press and medical profession. Recently the writer came across a volume of Peterson's magazine for 1867, and among the adver-

tising pages discovered one devoted to a remedy that is now exclusively advertised in the medical press—"Tarrant's Seltzer Aperient." Will the editor of some leading medical journal, say of the Journal of the American Medical Association, give to his readers the composition of "Tarrant's Seltzer," and will he also give an explanation of his advertising "Syrup of Figs," an out-and-out patent medicine, that is universally advertised as such on the drug-store counters by flaming cards and in the secular press, making claims to efficacy that are no less boasting than are those set forth by the proprietors of "S. S. S.," "Big G.," etc. Besides "Syrup of Figs" bears on its outside wrapper this inscription: "registered in the U. S. patent office ———, ———, ———."

In justice to the preachers, it must be said that every man who writes "Rev." or "D. D." in connection with his name is no more an ordained minister of the gospel than is every man who puts "Dr." before his name or "M. D." after it, a regular physician.

The writer does not intend to defend the accused ministers in any manner whatever, but for the sake of teaching these sinful preachers a scriptural lesson, let us extract some of the beams from our own eyes and go through a method of self purification before we too vehemently make incision for the extraction of ministerial motes, or let us take "cerebo-spinants" and "acid phosphates" to enable us to cast with greater power the first stone.

Let us remove the glass from our editorial rooms or stop throwing stones at the preachers.

If the minister we first referred to could be found he might thusly conclude:

TO SUM UP.

1. Physicians who indorse secret or proprietary medicines where the alleged formulæ are given, but not the mode of preparation, are accomplices in fraud.

2. They speak of things of which they know nothing.

3. Physicians who attend for nothing ministers *who are able to pay doctors* prostitute themselves and lose the respect

of the ministers themselves, for if such physicians do not ask for money they expect its equivalent in influence.

4. Medical journals and physicians join in questionable practices relating to the advertising and use of patent, secret and proprietary, when they know they are wrong, but are actuated (the journals) by monetary considerations, and (the latter) by ungovernable conceit that causes them to delight in seeing their names attached to certificates attesting the efficacy of most any extensively advertised nostrum.

5. A short business training fits a drummer for a proprietary medicine establishment to lecture well-informed physicians on botany, chemistry, physiology, materia medica, therapeutics, practice gynecology, obstretics and—*ethics*.

Medical Advertising.

THE STATE BOARD OF HEALTH TO THE MISSOURI PRESS ASSOCIATION—OPINION OF THE SUPREME COURT.

A Republic reporter called the attention of Dr. Homan, secretary of the State Board of Health, to the preamble and resolution adopted by the Missouri Press Association at their meeting in Jefferson City last Friday, and asked an expression of opinion on behalf of the board in reference to the charge made against the board. The resolution is as follows:

WHEREAS, The State Board of Health has repeatedly denied to physicians holding first-class diplomas and being of good character a certificate authorizing them to practice their profession in this State for the sole reason that such physicians offered their professional services through the columns of the newspapers; and

WHEREAS, The Supreme Court has decided that under the present law the court cannot interfere; therefore,

Resolved, That we respectfully petition the Legislature to so amend the law that the board of health shall be compelled

to issue certificates to all competent persons, irrespective of the fact that they advertise in the papers or otherwise make their calling or specialty known to the people.

Dr. Homan said that the charge and insinuation made were serious, if true, but that he did not desire to make any comment concerning the matter other than to deny the correctness of the statements contained in the declaration, and said that the best answer that could be made was to quote the language of the opinion of the Supreme Court, referred to the preamble, which was rendered on the 2d inst. in the case of State ex rel. James N. Hathaway, relator, v. The State Board of Health, respondent. The first part of the opinion discusses the pleadings and proper mode of procedure, the second part being as follows :

The facts bearing upon the merits of this case as gathered from the pleadings and exhibits before us are these: Hathaway and Dr. Boyd began the practice of medicine in this State as specialists without having procured certificates under the statute concerning the practice of medicine and surgery. We infer from what is said, that prosecution had been commenced against them, or complaints lodged before the board of health. Under these circumstances they applied to the board for certificates. They presented in due form genuine diplomas issued by medical institutions in good standing; but the board, after hearing them in person and by counsel, made the following order on the 11th of July, 1888: 'After due deliberation and upon full consideration of the matter, the board, by unanimous vote, refused certificates to * * * and James N. Hathaway for unprofessional and dishonorable conduct, consisting in the publication by them of advertisements in the public press of St. Joseph, Mo., during the present year; said advertisements, in the opinion of the board, being of a character that tended to mislead and deceive the public, to wrongfully impose on the fears, weakness or ignorance of the sick or credulous, and to defraud the people by false and impossible claims in regard to the treatment of disease.' Hathaway again appeared before the board in person

and by attorney on the 21st of January, 1890, when the board made this order: 'After due consideration of the matter, this board, by unanimous vote, declined to accede to the request, and refused a certificate to Hathaway for unprofessional or dishonorable conduct.'

"Between the dates upon which the foregoing orders were made, Boyd modified his advertisement so as to meet the approval of the board and a certificate was issued to him; but the modified abvertisement presented by the relator was not satisfactory to the board. The answer of the relator gives a copy of these modified advertisements, but the record does not contain a copy of the advertisements upon which the board made its first ruling.

"By section 6878, the Revised Statutes 1889, it is enacted that 'The State Board of Health may refuse certificates to individuals guilty of unprofessional or dishonorable conduct, and they may revoke certificates for like causes after giving the accused an opportunity to be heard in his defense before the board.'

"This section of the statute imposes upon the board duties which are quasi-judicial in their character. The question whether the applicant is guilty of unprofessional or dishonorable conduct calls for the exercise of judgment and sound discretion. It is a question as to which the board must hear evidence and pronounce a conclusion. The principle of law is well settled that mandamus will not lie to review official acts which require the exercise of judgment and discretion. Mandamus may be awarded for the purpose of requiring such officers to proceed and act upon such matters, but does not lie to direct or control the conclusion to be reached. The respondents heard the relator's application and decided that he was not entitled to a certificate, because guilty of unprofessional and dishonorable conduct, and that decision cannot be brought here for review by this proceeding. The case of State ex rel., Granville v. Gregory, 83 Missouri, 123, is in point and disposes of the question in hand. Other courts have expressed the same views under statutes quite like our own. State of

Minnesota ex rel., etc. v. State Examining Board, 32 Minnesota, 324; People v. Dental Examiners, 110, 111, 180. See also, Allbut v. the General Council of Medical Education and Regristration, 23 Law Report, 400, Queen's Bench Division.

"There are some limitations upon the rule just stated; for if the board of health should exercise its powers with manifest injustice, then the courts may and will control the abuse of authority by the writ of mandamus. (Illinois State Board of Dental Examiners v. People, 13 N. E. Rep., 201.) As the Legislature has not defined what is 'unprofessional or dishonorable conduct,' those words must be understood to mean such conduct as would in common judgment be deemed unprofessional or dishonorable. In determining whether a party is guilty of such conduct there is a broad field for the exercise of judgment and discretion by the board and within which the finding of the board is conclusive. The board of health has no right to prescribe a code of medical ethics and then declare a breach of that code unprofessional and dishonorable conduct; nor has it the right or power to deny to physicians the right to advertise their profession in the public press. The respondents make no claims of any right to do either of these things. Their claim is that advertisements which tend to mislead and deceive the public constitute unprofessional and dishonorable conduct, and in this they are within the purview of the law. If, however, a physician will, in his advertisements, throw out inducements to patients to submit to treatment, then the matter is within the exclusive jurisdiction of the board. We are not furnished with a copy of the advertisements upon which the board made its first ruling. The burden, however, is upon the relator to show that the ruling of the board is manifestly unjust.

"The proof offered to show prejudice and bias on the part of the board is the fact that a certificate was finally issued to Boyd, but refused to relator. Boyd modified his advertisement so as to avoid the objectionable features and meet the views of the board, but this the relator did not do. We see no evidence of prejudice on the part of the board. Indeed, it

must be remembered that the relator came to this State and began the practice of medicine without any certificate. So long as he thus knowingly bid defiance to the law he was not entitled to one. The board of health is charged with the performance of important discretionary duties, and the performance of their duties will not be hampered by mandamus until a case of manifest injustice is shown. The relator has not made out such a case. Peremptory writ denied. All concur." —[St Louis Republic, Feb. 25, 1891.

The foregoing is very pleasant reading, albeit that it comes from a great newspaper that teems with the most disgusting and vulgar advertisements of some of the vilest monsters that ever committed an abortion, or robbed a dying man under the pretense of curing him of an incurable disease.

To What Base Use Has It Come at Last.

The Dean of the Faculty of the Medical Department of the Arkansas Industrial University, recently received the following communication:

NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL,
222–230 East Twentieth Street.
(Between Second and Third avenues.)

D. B. ST. JOHN ROOSA, M. D., LL. D., *President.*
CLARENCE C. RICE, M. D., *Secretary.*
L. BOLTON BANGS, M. D., *Treasurer.*
F. EUGENE FARRELL, *Superintendent.*

NEW YORK, February 17, 1891.

My Dear Doctor—As perhaps you know, we have been using the Parataloid (the Kochs fluid) at our school, during the last six weeks. Immediately upon its announcement to the medical profession by Professor Koch, we sent our representative, who was a former pupil of Professor Koch's, to Berlin. We have received invitations from a number of physicians in the different Southern States, asking us to send our representative to show them the method of using the Parata-

loid, or mail them some of the Koch fluid. We have never received a sufficient quantity of the remedy to dispense it, but have at last decided to accept the invitation of the southern gentlemen, and have asked our representative, Dr. W. C. Bailey, to visit certain points in the south. As Little Rock is on his route, and as our school has, we believe, a large number of friends in your State—physicians who have attended our school—we would be pleased to have Dr. Bailey stop at your town and give, under the auspices of your school, or under the direction of the leading physicians of your place, a practical demonstration of the treatment of tubercular disease and of lupus. Dr. Bailey has been a pupil in Professor Koch's laboratory for five months, and had the opportunity to watch the cases treated in Berlin by his method from the very beginning, and he will be pleased to explain to you the actions of this treatment both in Berlin and at home He can stay but a short time, but long enough to inoculate several patients, and then leave a small quantity of the fluid with which to continue the treatment. If such demonstration would be of value to you, kindly let me know at once, and he can be at your town in the course of a week or ten days. We do not wish to have Dr. Bailey call upon any one school to the exclusion of all others, and would ask you to invite physicians from the different colleges, and from different portions of the State, and thus secure an audience of representative men.

Very truly yours,

CLARENCE C. RICE, *Secretary.*

DR. J. A. DIBRELL, JR.

We wonder if the doctor would dare to come to this benighted State without a body guard! for certainly it must be believed in the faculty of the New York Post-Graduate Medical School and Hospital that Arkansas doctors cannot read, or that there are no mail facilities by which they could have heard of the wonderful, mysterious, bewildering "Parataloid." Or that the faculty of the Medical College, at Little Rock is composed of a lot of ignoramuses, who are so far behind the

times as to be unable to give a hypodermatic injection of a fluid, the composition of which they have heard much but know nothing. But maybe the "student" of the great Koch would have come in a special palace train with banner flying containing the advertisement of his school, whistles sounding, bands playing, and, after alighting, followed by citizens in carriages, citizens on horseback, citizens on foot, and small boys running, would proceed to the commodious building of the Medical Department of the Arkansas Industrial University. Then and there in that capacious amphitheater, surrounded by "physicians from the different colleges, and from different portions of the State (thus having 'an audience of representative men')," proceed in stately manner and with a look of great responsibility upon his benign countenance to pull from his vest pocket with one hand a small vial containing a few drops of the mysterious Parataloid, and with the other to take from a neat aseptic case that wonderful instrument that never goes off half-"Koched," and then putting a part of the one into the *hole* of the other, and having selected that most dangerous part of the human anatomy, between the shoulder blades, proceed to ——, but, oh! the sickening details of that marvellous operation must not be even imagined. It would be cruel to inflict even physicians with a suggestion of what might have been possible for some of them to have seen if the invitation had been accepted. But a more cheerful aspect can be presented by suspecting what Sam, the colored janitor, would have said under the circumstances. It would probably have been addrassed to some of the second-course students, and sounded about like this: "Did that fellow come all the way from New York jest to show you fellows how to use that stuff that you've been fooling around there with for more 'an a *month* past? The place that Koch's lymph will take as a therapeutic and diagnostic agent is yet very doubtful, but there can be no hesitation in condemning such an unwarranted use of it as an advertisement for men aud their institution.

An Act to Prevent Unprofessional Conduct in the Practice of Medicine.

Be it Enacted by the General Assembly of the State of Arkansas:

SECTION 1. If any physician engaged in the practice of medicine, by virtue of a license issued under the laws of the State of Arkansas, is guilty of unprofessional conduct as hereinafter defined, the board of medical examiners in the county where he is engaged in the practice shall revoke his license.

SEC. 2. Before any license is revoked the board of examiners shall cite the physician accused of unprofessional conduct to appear before said board, on a given day, and show cause why his license should not be revoked.

SEC. 3. The secretary of the board of medical examiners shall issue a subpœna for such witness, or witnesses, as the board or the defendant may desire, and the Sheriff of the county shall serve such notice, and the said summons shall have such legal force and authority as a like summons issued from any other authorized court. The fees to the secretary of the board and the Sheriff shall be the same as for other similar service under the laws of the State.

SEC. 4. Whenever such license is revoked, the clerk of the board of medical examiners shall certify the fact to the County Clerk, and to the physician himself, and the physician shall thereafter be prohibited from the practice of medicine or any of its branches within the limits of the State, and subject to all the penalties prescribed for the practice of medicine without license.

SEC. 5. Any physician whose license has been revoked by any county board of medical examiners may appeal to the State board of medical examiners, whose action, after a careful investigation of all the facts connected therewith, shall be final.

SEC. 6. When any physician wishes to take an appeal from the action of any county board of medical examiners, the secretary of said county board shall certify the fact,

together with all facts and papers in the case, to the State board of medical examiners, within ten days after receiving notice of such appeal.

SEC. 7. After the expiration of one year, any physician whose license has been revoked may apply for new license, and if the board of medical examiners are satisfied that he has reformed and is worthy, they may issue him a new license.

SEC. 8. If the secretary of any board of county medical examiners shall refuse or neglect to perform any of the duties required of him by this act, he shall be deemed guilty of a misdemeanor, and subject to a fine of not less than five nor more than twenty-five dollars.

SEC. 9. Unprofessional conduct for the purposes of this act shall be held to be:

First—The procuring, or aiding, or abetting in the procuring of criminal abortion.

Second—Employing or using what are known as cappers, steerers or drummers, or the subsidizing of hotels or boarding houses to procure practice.

Third—The obtaining of any fee on the assurance that a manifestly incurable disease can be permanently cured.

Fourth—The wilfully betraying a professional secret to the detriment of a patron.

Fifth—All advertising of medical business in which untruthful and improbable statements are made.

Sixth—All advertisement of any medicine or means whereby the monthly periods of women can be regulated or the menses re-established.

Seventh—Conviction of any offence involving moral turpitude.

Eighth—Habitual drunkenness.

SEC. 10. This act shall take effect and be in force from and after its passage.

(Signed), E. W. RECTOR,
Speaker of the House of Representatives.
JAMES P. CLARK,
President of the Senate.

(Approved), JAMES P. EAGLE,
Governor of the State of Arkansas.

In Memoriam---Peter R. Ford, M. D.

The subject of this brief sketch was the son of E. M. Ford, M. D., and Harriet Booker, natives of Cumberland, Va , who moved to Summerville, Tenn., about the year 1835 or 1836, and was born there October, 1839.

His parents died when he was 9 years old, and soon after their death he was sent to a preparatory school in Charlotte, Va., and subsequently entered the University of Virginia, where he received his literary education. After finishing his literary course he turned his thoughts to the study of medicine and placed himself under the guidance of Dr. Hunt of Maury County, Tenn., an eminent practitioner, near the little village Culleoka, Tenn. Being fully prepared for a professional course he entered the University of Louisiana in 1856, where he remained four years and graduated in the spring session of 1860. At the commencement of the war he entered the Confederate army as a private soldier, Fifteenth Arkansas infantry, but was soon after appointed assistant surgeon and served with honor and distinction under Gens. Cleburne and Hardee till the close of the war.

After the close of the war he settled in Phillips County, Arkansas, near Helena, where he practiced medicine until 1884, when he removed to Memphis, Tenn. An alarm of smallpox becoming epidemic there, he was appointed special medical officer by the board of health, and in the same year he was appointed quarantine inspector. In 1889, a vacancy having occurred in the City Hospital of Memphis, he was appointed surgeon in charge of that institution, when, after a brief but faithful service of fifteen months, he died in Memphis May 21, 1890 aged 50 years.

In addition to the honorable services already mentioned, Dr. Ford was for many years the efficient secretary and later president of the Phillips County (Ark.) Medical Society, which he helped to organize; was president of the Shelby County (Tenn.) Medical Society, and also a member of the American Public Health Association. Dr. Ford married a daughter of

the late Major J. P. Strange, of Memphis, Tenn., who, with one child, survives him.

Peter R. Ford was a man endowed with many virtues and many rare faculties of mind and heart, of a genial disposition and courteous bearing, "with charity towards all and malice towards none;" beloved and respected by his professional brothers, and, independent of his sorrowing wife and family mourned by a large circle of friends and acquaintances, who will ever "keep green" his memory.

"May perpetual light shine upon him."

J. H. VINEYARD, M. D.
A. A. HORNER, M. D.
F. N. BURKE, M. D.
Committee.

A High Compliment.

Recently the secretary of the Society received a letter from the New York agent of a Paris firm of manufacturing chemists, inquiring when the Society would meet and if provision would be made for exhibits. The secretary replied, giving the time of meeting, stating that room would be provided for exhibits, and adding that by a resolution adopted by the Society, the exhibition of secret and proprietary medicines in connection with the meeting was prohibited. To this letter the subjoined reply was received, and though coming from a doubtful source, is unquestionably a very high compliment to the State Society of Arkansas and her physicians generally.

"*Dr. L. P. Gibson, Secretary Arkansas State Medical Society, Little Rock, Ark.:*

"DEAR SIR—Your favor of the 21st is duly to hand and contents noted. I am sorry to see that the Medical Association of your State has decided to take a back seat in the progress of therapeutics. It does not want to know anything

about recent progress in medicine. I am obliged for the information, and remain

"Yours truly,

"_____

"P. S. We shall certainly not trouble you with our presence at the Medical Association meeting, and put Arkansas in the list of those States to which it is useless to send samples or literature of new drugs."

Personal.

Dr. W. B. Welch, of Fayetteville, was recently in Little Rock attending a meeting of the board of trustees of the State University.

Dr. F. W. Johnson was sent by the Sebastian County Medical Society to look after medical matters in the Legislature. If all the County Societies in Arkansas were as wide awake as the Sebastian, what a powerful organization of her medical men Arkansas would have.

Dr. J. C. Wallis, of Arkadelphia was recently in Little Rock on a flying visit.

Drs. J. T. Jelks, W. H. Barry, J. B. Payne and J. C. Minor came over from Hot Springs to advocate the passage of Senate bill No. 57, to revoke physicians' licenses for certain causes, one of the chief crimes mentioned in the bill being the employing of cappers, steerers or drummers. This is a hard blow at the drumming fraternity, and they had their representatives on hand to fight the passage of the measure, but the bill did pass, and just about the same time the Supreme Court of Missouri gave a decision sustaining a similar act in that State. This is rather "*specific*," but some of the Hot Springs eclectics will have to swallow it, and it is hoped it will purge them of their iniquity.

National Sterility.

The Academie de Medecine, of Paris, has had under discussion the question of national sterility, which has greatly interested the medical profession and French legislators, with the object of providing a remedy. As elements of consideration in regard to enactments on the subject, various propositions have arisen, such as legislation favoring marriage, increase of taxation of celibacy, the imposition of additional military duty upon celibates, regulation of prostitution, etc. Statistics show, according to a medical contemporary,* that in 1888 there were 882,639 births and 794,933 deaths. The ratio of births has fallen from 30 per 1000 in the early years of the century to 23 per 1000. The number of marriages has fallen to 7.1 per 1000, and the number of births to each family has fallen to three. Divorces are increasing in frequency, especially among the educated classes, while the tendency is for marriages to take place later in life. The death rate alone makes a favorable showing, it being less than in previous years.—[College and Clinical Record.

*Med. Record, Nov. 15, 1890.

The Death of Mrs. Hipolite.

Mrs. Jennie M., wife of Dr. W. W. Hipolite, died at her home, DeValls Bluff, Ark., February 7th, 1891. The sad affliction of Dr. Hipolite will be sincerely shared by his medical friends throughout the State, who join in tendering to him and his family their sympathy.

Book Reviews.

The JOURNAL has received several medical works recently too late for review in this number, but they will be fully noticed in the next issue.

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All members of the Society should send their annual *dues* to the *Treasurer*, A. L. Breysacher, M. D., No. 121 W. Second Street, Little Rock, Ark.

Volume I. APRIL, 1891. Number 10.

Editorial.

The Last Legislature and the Results of Its Work. —When this number of The Journal shall have been received by its readers, the biennial period will have arrived when censures and maledictions are heaped upon the "Last Legislature" by the members of the regular profession. The General Assembly just adjourned enacted but little for the benefit of the people in relation to their protection from disease and ignorance; but it must, in justice, be said that it did all that it was *urged* to do. The bill providing for revocation of physicians' licenses for unprofessional conduction was easily passed. Whether any benefits will be derived from it remains to be seen. It all depends on the skill, perseverance and honesty of

those on whom it devolves to prosecute the violators of the law. Of course, it is generally understood that the act was intended more particularly for the suppression of drumming at Hot Springs. The very first information that has come from that city relating to the workings of the law, reads thus: "A few cases have, of late, come before the Board of Examiners, accused of violating Senate bill 57, recently passed. * * * No case, however, has, as yet, been made to stick, the presumable reason being that too many witnesses who have, for so long a time, made a profession of lying to patients, find it just as easy to lie to the court." This is the first edition of the story. It is not copyrighted and will be repeated, most likely, many times from numerous sources.

The pharmacy law was passed and is a gain on the former failures. It is not as rigid as it might have been without being too exacting; but it is a long step forward and its efficacy will depend almost as much upon the character and standing of the pharmacists appointed by the Governor to constitute the State Board as upon the provisions of the act itself. It is certain that men who seek positions on the board for the mere purpose of advertising themselves or their business should be promptly rejected. None but exclusive *pharmacists* should belong to the board.

The foregoing is all that need be said about what the Legislature did. About what it did not do much more might be written. It did not pass a bill changing the present law so as to have each county board to consist of one eclectic, one homeopath and one regular. Such a bill was introduced. It did not pass a law allowing persons who claim to treat disease by massage to do so without license or examination. A bill for such a law passed the Senate. And it did not change the present law so as to have instead of the present county boards a board for each congressional district, the president of each of the district boards together with a physician from the State at large to constitute a State Board of Health. A bill for such an act was read twice in the house, ordered engrossed and to a third reading, but it died from causes unnecessary to

state, or, more properly, perhaps, from no cause at all, as very little or nothing was done to influence the members of the assembly for its favorable consideration. And finally, having failed to change the existing statutes, most regretfully of all, they were not repealed. So, the Legislature has come and gone and we can hurl imprecations at it for a year and then change our tune by altering our condemnations from the "last" to hopes of the "*next.*"

"A Cut-Throat Business."—Recently a physician visited Hot Springs and there met a doctor whom he had known in former years, and who was then poor but respectable. In response to the usual inquiry as to how the Hot Springs doctor was getting along, the latter replied that he was doing a regular "*cut-throat*" business, employed drummers, and "stood in" with the hotel people, paying to the latter classes one-half of all the fees collected from patients roped to him by them; that he had to keep a revolver in his desk all the time, because, when patients found out they had been drummed, they frequently returned to him and demanded their money, and he had to bluff them off, and be prepared to defend himself; that all the Hot Springs drumming doctors did the same way, and added that they all drummed in one way or the other. Of course all thieves, robbers, murderers and criminals generally attempt to excuse themselves, by endeavoring to bring more respectable people to their level, and this Hot Springs robber was not an exception.

It is useless to say anything on the subject of the robber doctors who infest Hot Springs. Their dark ways are well known to the physicians throughout this State, but it would be well for physicians sending patients to the Springs to give them letters to physicians known to be in good standing, and to warn them against the tricks and outrages to which they are liable to fall victims.

Right here it might as well be stated that some of those who formally engaged extensively in the drumming business,

and having grown independently rich at it, have retired from that form of robbery and announced their intention to heer-after lead respectable lives. One bad act may damn forever a man who has formerly lived an upright life, but years of repentence, rectitude and *restitution* should be demanded of one who had ever engaged in a practice so damnable as that of taking advantage of sick people away from home, among strangers, and in many cases with just sufficient means to take, as a last hope, a course of baths at a resort noted for its wonderful properties of curing diseases that had baffled all known remedies elsewhere.

The affair of the gambler at Vicksburg is often spoken of in connection with heinous crimes openly committed in which the law is powerless to protect, and an occurrence of more recent date at New Orleans is now being discussed and in many instances commended.

It may be that some day a load of buckshot fired from a gun in the hands of an outraged patient may put the "*revolver*" doctors of Hot Springs to meditating on the theme of making an honest living. There would be no international complications about such an occurrence, and stranger and less provoked acts have received the acquiesence of good people.

Original Communications.

The Methods Which the Knowledge of Pathogenic Organisms Have Introduced in Medicine.

BY C. WATKINS, M. D., LITTLE ROCK.

[Read before the Little Rock Medical Society, at the stated meeting held March 16, 1891.]

It was very early recognized that after a first attack of many infectious fevers, a second attack seldom occurred. This fact seems to have been observed more specially in connection

with smallpox, or at any rate to have led to practical application first in connection with that disease. We learn that the inducement of a first attack of smallpox was an antique practice in Africa, Persia and China, and that the method of inoculation was brought from there to Constantinople in 1673, and from that town to England by Lady Mary Worbly Montagu. It was used to give immunity by a milder attack, and under more favorable circumstances than could be hoped for in the epidemic scourges of smallpox of those times. Boeck and Sperino introduced, about 1854, the practice of syphilization. It is both therapeutic and prophylactic. I saw four cases inoculated to syphilization by Dr. Frank Maury, in the Blockley Hospital, Philadelphia, in 1868. As syphilis is only infectious by contact, and not contagious, it is probable that it will not be brought into general use, although the theory, the immunity and treatment are the same. The inducement of a certain disease in order to prevent recurrence, or even to modify the course of an attack, was therefore a method early recognized in this century both in connection with smallpox and syphilis. Certain country people in England had early suspected that a disease affecting cows was communicable to man, and that individuals thus affected were not so liable as other people to smallpox. History tells us that an English farmer and a German schoolmaster, in the course of the last century, under the influence of that belief, had resorted to the inoculation of that cow disease, in preference to the inoculation of true variola. Jenner was the first medical man who discovered the immense importance of these traditional beliefs and practices, and devoting all his energy to the study of the subject, became so convinced of the value of the method of vaccination that, after a long struggle, he has succeeded in convincing others, and has become, thus, one of the greatest benefactors of the human race. Whether the kinepox and variola are the same, is still a debatable question, but the fact remains that he struck the key-note for all time to the refractory state produced by inoculation of an allied disease less fatal, or, if you please, the same disease, modified by passage

through another animal. Strange to say, from this time, 1798, until 1880, very little was done to extend the scope of the principle thus discovered. Then the ball was opened in earnest by Pasteur, who came out with the discovery, after studying for many years, that the nature of the virus causing several diseases, became gradually convinced that this virus may become intensified or attenuated at will, and in 1880 was able to state positively that the production of an attack of definite intensity of many infectious diseases was a thing not only possible, but also practicable, and capable of application for prevention of disease. All that seemed necessary to apply the principle of vaccination, as introduced by Jenner, was to find a suitable host, or intermediate animals, to obtain the vaccine or lymph. Not only was he successful in this, but shortly afterwards was enabled to produce the virus outside the body, in culture fluids. From this time an array of experimenters entered the field, and inoculation from chicken cholera, anthrax charbon, rabies, cholera, yellow fever, diphtheria, etc , to Koch's latest discovery in the same line. While our minds were, to a certain extent, prepared for such an announcement, yet, the fact from such a source, that one of the greatest scourges affecting human kind had at last come within the pale of treatment, created an immense sensation.

The products used for innoculation have been of a very complex nature, and it was not known to what kind of a compound they owed their property of conferring immunity. It is questionable if the active principle has ever been isolated. Sydney Martin and Hankin claim to have isolated from the bacillus anthrax, albumoses, which give immunity when injected into the body. Fraenkel and Brieger claim the same in their researches on the toxalbumins of diphtheria, typhoid fever, cholera, tetanus, etc. Roux and Yevsin, in 1888, tried to prove that their chemical vaccine for diphtheria, owed its properties to an albumenoid body allied to an unorganized ferment. I hope the experiments will be as successful in isolating the active principle as the chemists have found for us the alkaloids of our Peruvian bark, opium, nux vomica, belladonna,

etc.; for, while artificial innoculation diminishes the energy of some disease poisons, yet, it is stated, as a fact, that the poison of septicæmia gains energy by cultivation, and I verily believe it when I look at some of the results of my vaccination, that I have apparently got more septic than I have vaccine infection.

Gentlemen, you are familiar with the criticisms of the day, in the matter of innoculation. That it is not settled by any means, I need not say. Did it ever strike you that the whole theory was a battle of similars? Pasteur's, particularly, comes very near the saying, "that the hair of the dog is good for the bite." The only difference is, that his cultivation is from the spinal cord, instead of the hair.

I will not attempt to discuss on what ground vaccination, essentially prophylactic in principal, may become a curative method when the modified virus answers certain requirements. There is a very distinct connection between these two methods of treatment. It may, however, be interesting, if I do not weary you, to consider for a moment the methods which the knowledge of pathogenic organisms has introduced in medicine. It is from a lecture in the London Lancet by Mr. Sheridan Delifine, from which I have drawn largely, and, in some instances, appropriated bodily. He says these methods can be subdivided as follows:

"(1) The preventive, (2) the protective, (3) the curative. They have all something in common, and yet they all differ, as will be seen in the following brief enumeration:

"1. The preventive method consists in destroying or attenuating the cause, or avoiding it in some way or other, so that the body may remain unaffected. (*a.*) The antiseptic methods of Lister, which aim at destroying the cause before it has acted. [I will say right here that so far as his spray is concerned, Mr. Lister no longer believes in it.] (*b.*) Residence in high localities, drainage, etc., are instances of the methods by which the causes of disease may be so attenuated or diluted as to become harmless. (*c.*) Absolute cleanliness.

"Aseptic methods are based on the possibility of avoiding certain causes entirely without destroying them.

"2. Protection consists in so modifying the possible host so as to render it able to resist virulent parasites. This can be done either by (*a*) increasing its strength and activity, as by diet, warmth, functional activity, and other hygienic conditions. (*b*) Rendering its tissue and fluids unsuitable media for the growth or full development of the parasite. Inoculation and lancing vaccination are good instances of that method, which has been further extended by Pasteur and others (*c*), by establishing tolerance.

"3. The curative methods consist in alternating or entirely destroying the virus, causing the disease after it has penetrated into the body. (*a.*) The actual destruction of the parasite within its host is apparently still a desideratum. (*b.*) Attenuation of the virulence can be obtained by introducing into the blood and tissues some product either interfering with the full development of the parasite or modifying the tissues and fluids of the body, so as to increase their resistance to the extension of the parasite or to its products. This seems to be the chief principle at the root of Pasteur's vaccination for hydrophobia, etc. (*c.*) Neutralizing the physiological action of the virus by using its physiological antagonist. Muscurin, for instance, may be antagonized by atropin. Louder Brunton diverted attention to the possibility of applying this principle to the treatment of cholera, and Blythe to the treatment of poisoning by snake venom. (*d.*) Destroying and removing the substratum or ground, which has become contaminated by the parasite. This is the view, apparently, which Koch has taken of the action of his lymph. The action of the product on the tissues is, however, of the same kind as that of the substances used in some of the methods already mentioned, but more intense, and Koch's views will probably have to be modified."

Inoculations for Prevention of Rabies.

BY DR. MAHAR, OF BRYAN, INDIAN TERRITORY.

[Read before the Sebastian County Medical Society March 24.]

GENTLEMEN—By invitation of your worthy President and members of your Society, I have prepared a history of the treatment of my son, for the prevention of hydrophobia, at the Pasteur Institute, New York; also observations I made there as to how the virus was obtained, etc.

On January 23, 1891, my son Roland, 4 years of age, was bitten by a rabid dog. I brought him to this city for consultation, and decided to take him to the Pasteur Institute for treatment. I started that night and arrived in New York at 11:30 a. m., January 27. I went directly to the Institute. I waited but a few minutes when Dr. Paul Gibier, the director, entered. He gave me a very cordial greeting, having received my telegram the day previous stating that I was coming. He went with me and secured me a room and board about two blocks away, as no patients are kept at the istitute. He told me to call at 2 p. m. for treatment.

When I called, he inquired into the history of the case and said that the dog was rabid. He examined the wounds on the head, face and arm, and pronounced them very dangerous, especially those on the face and head. The nearer the brain the injury is, the shorter the period of incubation and the greater the danger of being inoculated. He, therefore, would not give me much encouragement, but said as I had came so soon after the accident he thought there would be a good chance for prevention. He then commenced the treatment by using a local anæsthetic, 10 per cent. solution carbolic acid. He then inoculated the patient in the anterior part of the lumbar region, on both sides, where all inoculations are made. He used a hypodermic syringe containing the virus, rubbed up with distilled water. The puncture was dressed with bichloride of mercury 1-1000, solution and absorbent cotton. The virus used for the first day was fourteen days

old. We called again at 6 p. m.; patient received another inoculation on both sides, in same region as before, with virus ten days old.

That night the boy complained of pain and soreness in both sides. He was restless, waking often and complaining. He had a little fever; pulse 99, temperature 100, respiration 24. His appetite was unaffected.

Second day—In the morning his sides were quite sore. He received three inoculations, at 9, 2 and 6 o'clock, in each side, with virus eight, six and five days old respectively. His sides became very sore that evening. Dr. Gibier advised a hot bath, which relieved him very much. He was quite restless, but had no fever.

Third day—Three injections, at 9, 2 and 6 o'clock, with virus four, three and two days old respectively.

Fourth day—Treatment suspended one day.

Fifth, sixth and seventh days—One injection in each side with virus three days old.

Eighth day—Was inoculated once in each side with virus two days old. That night he was very restless and had fever; pulse 130, temperature 100.4, respiration 28.

After this he received one injection in each side with virus two days old, each day, for the balance of the time—fifteen days in all—without any perceptible effects except slight soreness in the sides. So far the boy has shown no signs of rabies. Dr. Gibier told me the day I left for home that if no symptoms of hydrophobia developed in two weeks he would pronounce him cured.

This closes the report of the treatment of my son. I will mention a few cases that I saw. There was an average attendance of twelve cases. Two of these were treated with Koch's lymph for tuberculosis, one with tuberculosis of the lungs, the other with tuberculosis of the knee. Both were improving. There were three cases under treatment for hydrophobia that I had a very good opportunity of observing. They had entered the institute the day before I arrived there. They were a father and two sons, who had been bitten by the same

dog. It was proven clinically that the dog had rabies without hydrophobia, as it drank water freely until it died.

The father had been bitten through the nose; the sons on the hands. The treatment for the father was much stronger than that for the sons, on acccount of the wound being nearer the brain.

The father was inoculated once on the first day. On the second day he was inoculated twice; third day, treatment suspended; fourth day, two inoculations; fifth day, three inoculations; sixth day, two inoculations. After this he was inoculated once each day in both sides for the balance of the fifteen days. This is the length of time all patients are treated.

The two sons were treated as follows:

First day, one inoculation in both sides; second and third days treatment was suspended; fourth day, one injection in both sides. From this on the same treatment was pursued with the younger son until the fifteenth day and with the older son until the tenth day, at which time an urticaria developed. This was the third case where this disease had occurred during treatment.

In four days the urticaria disappeared without treatment. The inoculations were then continued once a day for five days.

The virus used for the treatment of patients is a fixed virus, having been reproduced by breeding until it had a fixed strength. It is a portion of the medulla oblongata of a rabbit that had died of rabies after being inoculated with a fixed virus. The rabbit is inoculated under the dura mater by trephining the skull. The wound usually heals without pus about the fourth day. The first symptoms of rabies come on the fifth and sixth days. The rabbit becomes unable to walk steady. On the seventh day it has convulsions and dies of the paralytic form of hydrophobia, not the excitant forms that dogs and other animals have that have been inoculated with saliva. As soon as the rabbit dies another is inoculated immediately. This is the only way that the virus may be reproduced, as it loses its strength by age, becoming almost inert at

twenty days, though it contains germs as long as putrefaction is prevented.

A germ may be bred from this virus on gelatin or extract of beef in an incubator, but it will not produce hydrophobia in any form.

The virus Dr. Gibier is now using was obtained from a rabid dog in 1886, and has been bred through rabbits since that time. It was first used in this country in February, 1890.

The State Society.

The Programme.

As stated in the last issue of the JOURNAL, it was expected that section officers and members who intended to contribute papers, would be sufficiently prompt in sending their titles to the Secretary of the Society, to enable him to prepare the whole programme in time for publication in this issue. But all of the titles of papers that have been promised, have not been forwarded in time, and therefore, only a partial list is here given:

The Annual Address of the President,
By Dr. J. A. Dibrell, Jr., Little Rock

SECTION ON PRACTICE.

Address of the Chairman By Dr. J. S. Shibley, Paris
Suggestion, as a Therapeutic Measure, or Mind Cure By Dr. T. W. Hurley, Bentonville
Phlebitis By Dr. W. B. Barner, Nashville
Asthma By Dr. C. S. Gray, Little Rock
Cancer of the Liver and Omentum .. Dr. C. Watkins, Little Rock
Neuresthenia By Dr. W. P. Owens, DeVall's Bluff
A Case of Cerebellar Tumor, History, Diagnosis, Treatment and Autopsy .. By Dr. J. S. Shibley, Paris
Pneumonia, with Report of Cases,
By Dr. A. J. Brewer, Mountain Home

SECTION ON SURGERY.

Address of the Chairman.....By Dr. Geo. S. Hynes, Fort Smith
Report of an Ovariotomy, Recovery,
By Dr. B. Hatchett, Fort Smith
Report of One Hundred Surgical Cases,
By Dr. J. W. Webster, Cincinnati
Is the Operation for Strabismus So Simple or So Successful as Ordinarily Considered . Dr. T. E. Murrell, Little Rock
Report on Glaucoma..... By Dr. H. Moulton, Fort Smith
A Case of Ovariotomy.... By Dr. J. D. Southard, Fort Smith
Reports of Surgical Cases..By Dr. J. A. Dibrell, Jr., Little Rock
Tumors of the Orbit, with Report of a Case,
By Dr. A. J. Vance, Harrison
A Report of a Case of Cleft Palate, Closed at the Alveola Process in an Infant During the First Month,
By Dr. George F. Hynes, Fort Smith
Treatment of Cancer by the Interrupted Galvanic Current..... By Dr. D. J. Prather, Little Rock

SECTION ON OBSTETRICS AND GYNÆCOLOGY.

Address of the Chairman.....By Dr. J. T. Jelks, Hot Springs
Puerperal Fever..... By Dr. L. R. Cates, Kingsland
Chloroform in Natural Labor,
By Dr. A. J. Brewer, Mountain Home
Placenta Prævia.....By Dr. W. B. Barner, Nashville
Analgesics in So-Called Normal Labor,
By Dr. L. R. Stark, Little Rock
Report of Cases in Gynæcology Treated by Electricity..... By Dr. D. J. Prather, Little Rock
Why I Failed to Get Permanent Union in a Case of Laceration of the Cervix Uteri...By Dr. D. J. Prather, Little Rock

Reduced Railway Rates.

With their usual consideration for the medical profession, the railways have kindly made reduced rates for those attending the meeting at Hot Springs.

The MISSOURI PACIFIC (Iron Mountain and branches) and the LITTLE ROCK AND MEMPHIS have agreed on a rate of one and one-third the full fare. The HOT SPRINGS railway has promised one full rate for both ways.

ABSOLUTELY NECESSARY.

In order to obtain the above rates it is absolutely necessary that the following conditions be complied with:

Those attending via the *Iron Mountain* and its branches will buy tickets to *Malvern* and obtain receipt for full fare paid going to the meeting. Those attending over the *Little Rock and Memphis* will buy tickets to *Little Rock*, take receipts as above and purchase tickets to *Malvern*, taking receipt also. At *Malvern* buy tickets to *Hot Springs* and take agent's receipt for full fare. These receipts when signed by the Secretary and presented to the respective agents, will entitle the holders to return over the Hot Springs Railway to Malvern *free* and over the other routes at *one-third* the regular fare.

Members should bear in mind that a failure to comply with the foregoing conditions will prevent their obtaining the benefits of the reduced rates. No full rates will be refunded on account of a misunderstanding in this respect.

HOTEL RATES.

The Eastman, $3 to $4; the Park, $3 to $4; the Avenue, $2; the Arlington, $2.50; the Waverly, $2; the Hay, $2.50; the Plateau, $2; the Pullman, $2.50; the Sumpter, $2; the United States, $2.

ENTERTAINMENTS.

Wednesday Evening, April 29—Public reception.
Thursday Evening, April 30—Ball.
Friday Evening, May 1—Banquet.

PLACE OF MEETING.

The sessions of the Society will be held in the pavilion attached to the Park Hotel, where the registration of the delegates will begin at 9 o'clock on Wednesday, April 29, 1891.

Notes.

THE following amendment to the Constitution will come up as unfinished business on the first day:

Resolved, That it is the sense of this Society that at our next annual meeting the following proposed amendment be adopted, viz.:

The scientific proceedings of this Society shall be conducted in three sections: One on Practice of Medicine, one on Surgery, and one on Obstetrics and Gynecology. Each section to hold its sessions in the afternoons and evenings at each annual meeting, as may be arranged for by the Committee of Arrangements.

The Nominating Committee shall nominate for each section a President and Secretary, whose duties shall be such as usually devolve upon such officers.

Resolved, also, That the Nominating Committee at this session nominate officers for the sections named, to be elected by the Society, and that our next meeting be conducted according to the provisions of this proposed amendment. *Provided*, it shall be adopted.

WHAT trip for a doctor's family, who cannot spare the time to take a prolonged one, can be compared to a visit of a few days to the greatest health resort on this continent? If they cannot go all over the world they can at least travel a few hours to meet people from all parts of the earth who come to see an Arkansas wonder that is better known abroad than at home.

ONE member has written that he took a bath when the Society met at Hot Springs, in 1877, and intends to repeat the luxury in April, 1891. It is to be hoped that all physicians in Arkansas who have not performed that delightful act within the last fourteen years will make an effort to attend the approaching meeting.

IN addition to the papers announced to be read, there will be reports from the standing Committees on State Medicine, Medical Legislation and Medical Education.

NOT every one who visits the Springs is indisposed—not by any means—half, if not more of the visitors go there for pleasure or to accompany those who are sick. Many go there as they go to Florida, to escape the dangers and discomforts of a northern breaking up of winter.

IF any member of the Society should be greeted by a member of the Hot Springs fraternity having a steel sound in one hand and a urethrotome in the other, it should not cause any unnecessary alarm; it is just away the Hot Springs doctors have of meeting everybody.

DR. J. T. JELKS is the chairman of the Committee of Arrangements, and neither the chairman nor any member of the committee will leave undone, anything that could possibly add to the comfort, convenience or pleasure of any one of the visiting doctors.

THE Hot Springs physicians are making elaborate preparations for the meeting. It will undoubtedly be the largest meeting the Society ever held, and the entertainments promise to far excel any thing of the kind ever before attempted.

THE season will be at its height about the latter part of April, and those who have seen the Springs at other times, should not fail to see it at the full tide of its gaiety.

SO FAR but one ex-President has sent the caption of his article. Most of them are forcible speakers, and are probably saving themselves for the debates which will be sure to follow the reading of a number of the papers.

THE Society will be called to order at 11 o'clock the first day. There will be no night sessions, so the committee of arrangements say.

THERE is no place on earth the size of Hot Springs, where as many people can be met from as many and distant portions of the globe.

ONE well-written paper, thoroughly discussed, is of more benefit than many hurriedly prepared articles indifferently debated.

THERE are several good speakers in the State Society, and many excellent writers. If the two classes come together at Hot Springs, there should be much absorption of useful information by those who listen to learn.

THE Hot Springs Medical Society is thoroughly organized and has all the prominent physicians of the place belonging to it.

RAILWAY TIME TABLE

From Fort Smith, Walnut Ridge, Memphis, Helena, Arkansas City and Pine Bluff to Hot Springs.

Lv FT. SMITH	6 25 a m	1 15 p m	
" Van Buren	6 50 a m	1 45 p m	
Ar Little Rock	1 40 p m	9 20 p m	
Lv Little Rock	2 40 p m	2 20 a m	
Ar Malvern	4 25 p m	4 00 a m	
Lv Malvern	6 00 p m	4 20 a m	
Ar HOT SPRINGS	7 10 p m	5 30 a m	
Lv WALNUT RIDGE	7 50 p m	4 54 a m	8 25 a m
" Newport	9 40 p m	6 05 a m	10 30 a m
" Bald Knob	10 55 p m	7 00 a m	11 55 a m
Ar Little Rock	1 25 a m	9 15 a m	2 20 p m
Lv Little Rock	2 20 a m	9 35 a m	2 40 p m
Ar Malvern	4 00 a m	11 00 a m	4 25 p m
Lv Malvern	4 20 a m	11 50 a m	6 00 p m
Ar HOT SPRINGS	5 30 a m	1 00 p m	7 10 p m
Lv MEMPHIS (L R & M)	7 20 a m	6 00 p m	
Lv HELENA (I M)		3 15 p m	
Lv Forrest City (L R & M)	9 43 a m	8 20 p m	
Lv Brinkley	10 45 a m	9 20 p m	
Ar Little Rock	1 35 p m	11 55 p m	
Lv Little Rock	2 40 p m	2 20 a m	
Ar Malvern	4 25 p m	4 00 a m	
Lv Malvern	6 00 p m	4 20 a m	
Ar HOT SPRINGS	7 10 p m	5 30 a m	
Lv ARKANSAS CITY	11 35 a m		
Lv Pine Bluff	3 55 p m	6 45 a m	
Ar Little Rock	6 20 p m	9 00 a m	
Lv Little Rock	2 20 a m	9 35 a m	
Ar Malvern	4 00 a m	11 00 a m	
Lv Malvern	4 20 a m	11 50 a m	
Ar HOT SPRINGS	5 30 a m	1 00 p m	

From Texarkana, Camden and the South to Hot Springs.

Lv TEXARKANA	7 45 p m	2 30 p m	7 25 a m
Lv Hope	9 05 p m	3 33 p m	8 47 a m
Lv CAMDEN			6 15 a m
Ar Malvern	11 55 p m	3 45 p m	11 35 a m
Lv Malvern		6 00 p m	11 45 a m
Ar HOT SPRINGS		7 10 p m	1 19 p m

THE STATE MEDICAL SOCIETY OF ARKANSAS.

SIXTEENTH ANNUAL SESSION,

TO BE HELD AT

HOT SPRINGS,

WEDNESDAY, THURSDAY AND FRIDAY,

APRIL 29 AND 30 AND MAY 1, 1891.

OFFICERS:

President—Jas. A. Dibrell, Jr., Little Rock. Vice-Presidents—First: R. N. Ross, Lonoke; Second: J. L. Goree, Pine Bluff; Third: J. A. Williams, Haynes; Fourth: J. B. Payne, Hot Springs. Secretary—L. P. Gibson, Little Rock. Assistant Secretary—J. H. Leslie, Hot Springs. Treasurer—A. L. Breysacher, Little Rock, Librarian—R. B. Christian, Little Rock. Section on Practice of Medicine—J. S. Shibley, chairman, Paris; A. C. Jordan, secretary, Pine Bluff. Section on Surgery—Geo. F. Hynes, chairman, Fort Smith; A. J. Vance, secretary. Harrison. Section on Gynecology and Obstetrics—J. T. Jelks, chairman, Hot Springs; W. B. Barner, secretary, Nashville.

COMMITTEES FOR 1890-91:

Arrangements—J. T. Jelks, chairman. Credentials—M. G. Thompson, chairman; A. L. Breysacher, T. E. Murrell. Judicial Council—W. B. Welch, P. O. Hooper, J. A. Dibrell, Sr., J. S. Shibley, J. S. Corn, B. Hatchett, A. J. Vance, W. B. Lawrence, D. C. Ewing. Medical Education—Z. Orto, chairman. Medical Legislation—D. A. Linthicum, chairman. Publication—L. P. Gibson, ex-officio, chairman. Board of Visitors to Medical Department of the Arkansas Industrial University—Z. Orto, chairman. Necrology—J. W. Hayes, chairman, Marianna.. State Medicine—B. Hatchett, chairman, Fort Smith.

Members who expect to read Papers should notify the officers of the Sections at once.

For further information write to L. P. GIBSON, M. D., Secretary, Little Rock.

County Societies.

[The proceedings of County Societies are requested for publication in this department.]

To the Secretaries of County Societies and Others.

The requests heretofore made for the secretaries of County Societies to transmit to the secretary of the State Society, as soon as appointed, lists of delegates, alternates and applicants for membership, is renewed with emphasis this month. In the experience of the secretary of the State Society it has annually occurred that credentials, titles of papers, and other matters of vital importance have been received during, and in many instances, after the meeting of the Society. Such negligence is unpardonable. A proper consideration for the welfare of both the County and State Societies, as well as for the officers, it seems, ought to be enough to induce any secretary of a local society, or member of the State Society, to comply *promptly* with the few requests that are made of him in connection with the organization to which he belongs. But the most important factor connected with a quick transaction of secret business is that without such data as the officers of local societies and members individually are alone able to furnish, those whose duty it is to make arrangements for the meeting are powerless to proceed. Much time is required for perfecting the many details inevitably belonging to the annual session. While the results of many days' labor make but a small showing in the shape of the programme, it must be borne in mind that other persons than the writer of the copy and the printer had to be relied on to furnish the material out of which it was constructed. Another point of importance is that those of whom certain duties are expected, ought to state previously whether they will or will *not* perform them. It is just as necessary when a member is not going to comply with a request or perform a certain task, for him to say so, as it is for him to signify his compliance.

Sebastian County Medical Society.

STATED MEETING MARCH 10, 1891.

The Sebastian County Medical Society met at the office of Dr. Epler. Doctors Saunders, Epler, Wright, F. Johnson, Hardin, Southard, Thompson and Moulton were present. In absence of the president, Dr. Saunders was elected chairman *pro tem.* The minutes of the preceding meeting were read and approved. The question as to the time of holding the regular meetings was laid over until April 14th. The committee on "Koch's lymph" was continued indefinitely. The committee on gynæcology and obstetrics was requested to report Tuesday, March 24th. That on oteology and ophthalmology, on Tuesday, April 14th.

Dr. Wright said that Dr. Mahar, of Bryan, I. T., had recently returned from New York, where he had been for the purpose of placing his son in the Pasteur Institute, and that he had a report to make concerning his experience there. It was moved and carried that Dr. Mahar be invited to make a report concerning the method of treating patients in danger of rabies by preventive inoculations employed at New York. The secretary was directed to write him accordingly.

Dr. Epler, essayist for the evening, read a paper upon Lobar Pneumonia. A general discussion of the subject followed.

The Society adjourned to meet at the office of Dr. Hardin, Tuesday, March 24th. B. HATCHETT, *President.*

E. G. EPLER, *Secretary.*

STATED MEETING MARCH 24, 1891.

Tho Sebastian County Medical Society met at the office of Dr. Hardin.

Those present were Drs. Eberle, Hatchett, Gardner, Southard, Epler, Moulton, Hardin, Smith, Wright, Breedlove and Mahar, of Bryant, I. T.

Upon motion, the courtesies of the floor were extended to Dr. Mahar.

The minutes of the preceding meeting were read and approved.

It was moved and carried that a committee be appointed to draft resolutions of respect for the late Dr. Shipley.

Drs. Breedlove, Epler and McConnell were appointed accordingly.

The following letter from Dr. McConnell was presented by Dr. Breedlove:

HUNTINGTON, ARK., March 23, 1891.

DR. BREEDLOVE:

My Dear Sir—Allow me to return my sincere thanks to the Medical Society for the favors and kindness shown in the memorial services of our brother, Dr. Shipley.

Long may our society live and prosper.

Very respectfully,

JOHN MCCONNELL.

Dr. Hardin then made a report on obstetrics and gynecology.

Dr. Mahar presented a paper on anti-rabietic inoculation, as practiced at the New York Pasteur Institute.

The doctor's son was the patient. The report was very interesting and instructive. The method of preventive inoculations had been carefully studied by Dr. Mahar. The results obtained were satisfactory. As the paper was one of unusual interest, the secretary was requested to send it to the secretary of the State Medical Society, to be read at the next meeting of the association.

Dr. Eberle arose to open the discussion of the subject, "Measles." At the request of the society the discussion was postponed until the next meeting, April 14th, when Dr. Eberle will read a paper upon the above topic.

The papers of Drs. Hardin and Mahar were considered at length.

Interesting cases were reported by Drs. Epler, Eberle Gardner, Hatchett, Smith and Mahar.

Dr. Foster was announced as the regular essayist for next meeting.

The Committee on Ophthalmology and Oteology were requested to prepare a report for April 14th.

Society adjourned to meet at the office of Dr. Moulton, April 14th.

Dr. Hardin invited his guests to partake of refreshments spread in an adjoining room.

B. HATCHETT, *President.*

E. G. EPLER, *Secretary.*

Clark County Medical Society.

The secretary of the above society has informed the state faculty secretary of the organization of the society, with a membership of fifteen—many graduates in the society. Delegates will be sent to Hot Springs and the wish is expressed that the good old County of Clark may resume her position in the roll of counties having permanent organizations.

[Since the above was written the following was received by registered letter.—ED.]

ARKADELPHIA, ARK., March 27, 1891.

To the Editor:—I see from the last copy of the STATE JOURNAL that you have not received two communications I sent you, notifying you of the organization of the Clark County Medical Society.

On the 4th of January, 1891, the following physicians (see enclosed list) met at Arkadelphia and organized the above mentioned society. Dr. John Ross was elected president, Dr. M. L. Langley, vice president, and Dr. F. R. Fleming, secretary. After the adoption of by-laws, constitution, etc., the society adjourned to meet at Okolona March 2, 1891, to finish its organization and elect delegates to the State Society.

On the above date the society met with every member present and, after finishing its organization, elected the following delegates to the State Society, to-wit: Dr. W. M. Ross, Hollywood; Dr. J. S. Ross, Okolona, and F. R. Fleming, Arkadelphia. Drs. McCallum, Arkadelphia; Kearsten, Burn, and

Garrett, Okolona, were elected alternates. Drs. W. R. Moye and C. H. Cargyle were made members of the society, which now embraces every regular graduate of medicine in the county. The next regular meeting of the society will be held in Arkadelphia, the fourth Wednesday in June.

F. R. Fleming, M. D, *Secretary.*

The Southwest Arkansas Medical Association.

The fourth meeting of this Association was announced for April 13th. From the number of titles of papers and the prominence of their writers the meeting must have been unusually interesting. There is no reason why this district society should not continue its existence and endeavor to attract the attendance of the physicians in those southwestern counties that can't—*won't* is perhaps the more appropriate word, and *don't* expresses the situation as it exists—organize and nurture separate county organizations.

Hempstead Medical Society.

The above named society was reorganized at Hope on the 16th inst., with the following charter members:

Drs. W. P. Hart, W. B. Foster, L. J. Gillespie, R. M. Wilson, G. H. Andrews, W. F. Saner, F. J. Garner, F. A. McLarty, Hope; Drs. T. J. Booker and J. A. Autrey, Columbus; Dr. A. McCaskell, Wallaceburg; Drs. S. M. Carrigan and T. H. Baird, Washington; Drs. W. A. Briant and H. L. B'Shers, Fulton; Dr. W. F. Emerson, Lively.

The officers elect are as follows: President, Dr. L. J. Gillespie; vice president, Dr. W. P. Hart; secretary, Dr. W. F. Saner; treasurer, Dr. W. B. Foster.

The president appointed the following as delegates to the State Medical Society, which convenes at Hot Springs April

29th: Drs. L. J. Gillespie, R. M. Wilson, W. P. Hart and W. F. Saner; alternates, Drs. J. A. Autrey, W. B. Foster, F. A. McLarty and S. M. Carrigan.

Dr. R. M. Wilson was appointed as a committee of one to draft by-laws for the society.

Drs. W. P. Hart, G. H. Andrews and F. A. McLarty were appointed as essayists for the next meeting, which will be at Hope, Ark., the second Monday in July, 1891.

The Reorganization of the Hempstead County Society.

THE JOURNAL takes pleasure in noting the resumption of their county organization by the Hempstead County physicians. There are too many progressive doctors in that county for them to acknowledge their inability to sustain a healthy local association. Delegates have been appointed to attend the State Society. Every graduate in Hempstead County is a member of the society.

Pharmacy.

[Devoted chiefly to the interests of the Arkansas Association of Pharmacists under the direction of their President, Mr. W. W. Kerr, Batesville, Ark., to whom all communications relating to this department should be addressed.]

The Pharmacy Law.

A bill for an act to be entitled an act to establish the Arkansas State Board of Pharmacy, and to prescribe the powers and duties of said board, and to regulate the compounding and vending of medicines, drugs and poisons in the State of Arkansas, and to provide a penalty for the infringement of the act.

PREAMBLE. *Whereas*, In all civilized countries it has been found necessary to regulate the traffic in medicines and poisons, and to provide by law for the regulation of the delicate and

responsible business of compounding and dispensing the powerful agents used in medicines; and,

Whereas, The safety and welfare of the public are endangered by the sale of poisons by unqualified and ignorant persons; and,

Whereas, The power of physicians to overcome disease depends greatly upon their ability to procure good, unadulterated drugs and skilfully prepared medicines; and,

Whereas, The sophistication and adulteration of drugs and medicines is a specious fraud which should be prevented and suitably punished; therefore,

Be it enacted by the General Assembly of the State of Arkansas:

SECTION 1. That from and after the passage of this act it shall be unlawful for any person not a registered pharmacist, within the meaning of this act, to conduct any drug store, pharmacy or apothecary shop, or store for the purpose of retailing, compounding or dispensing medicines in any city or incorporated towns in the State of Arkansas, except as hereinafter provided, and that it shall be unlawful for the proprietor of such store or pharmacy to allow any person other than a registered pharmacist to compound or dispense the prescriptions of physicians, except as an aid to and under the supervision of a registered pharmacist. Any person violating the provisions of this section shall be deemed guilty of a misdemeanor, and, on conviction thereof, shall be liable to a fine of not less than five or more than one hundred dollars.

SEC. 2. That, within sixty days after the passage of this act, the Governor shall appoint five experienced pharmacists who shall have been actively engaged in the drug business for the last five years immediately preceding their appointment, who shall constitute the Arkansas State Board of Pharmacy, one of whom shall hold his office for one year, one for two years, one for three years, one for four years and one for five years, and each until his successor shall have been appointed, and qualified, which terms shall be decided by lot at the time of organization. And annually thereafter the Governor shall

appoint one member of said board, with qualifications as above set forth, who shall hold his office for five years and until his successor is appointed and qualified. In case of a vacancy from death or other cause, the Governor shall appoint a successor with qualifications as above set forth.

SEC. 3. That before entering upon the duties of said office, the members of the said board shall take the oath prescribed by the Constitution of the State for State officers, and shall file the same in the office of the Secretary of State, who shall thereupon issue to each of the said examiners a certificate of appointment.

SEC. 4. That immediately after the appointment and qualification of the board they shall meet and organize as a State Board of Pharmacy, by electing from their own number a president and secretary. The board may adopt such by-laws, rules and regulations as they shall deem necessary to carry into execution the provisions of this act without expense to the State. A majority of the board shall be a quorum for the transaction of any business.

SEC. 5. The Board of Pharmacy shall hold not less than two stated regular meetings per annum for the examination of candidates, one of which may be held at the time and place of the annual meeting of the Arkansas Association of Pharmacists, and the other meeting shall be held at such time and place as the board may determine. Other meetings of the board may also be held whenever and wherever a quorum of the board, including the secretary, is present. In the interim of the sessions of the board, and upon satisfactory evidence of the fitness of the applicant, any member of the board may, in his discretion, issue a temporary certificate, which shall authorize and empower the holder to conduct a drug store or pharmacy, as set forth in section 1 of this act. Such temporary certificate shall terminate and expire at the date of the next succeeding regular meeting of the board after the granting thereof. A fee of $2 shall be demanded for this temporary certificate, which shall be part payment of the regular examination fee, as hereinafter set forth.

SEC. 6. The Board of Pharmacy shall register in a suitable book the names and places of residence of all persons to whom they issue certificates, and the dates thereof. Upon written application, accompanied by such reasonable evidence as the board may require, it shall be the duty of said Board of Pharmacy to register, without examination, as registered pharmacists, all druggists and pharmacists who are engaged in the business in any city or incorporated town in the State of Arkansas, at the passage of this act, either as owners, managers or clerks of any drug store, pharmacy or apothecary shop; *Provided*, That no druggist's clerk shall be so registered unless he be 18 years of age, and has been engaged for the space of three years next preceding the passage of this act in some drug store or pharmacy where physicians' prescriptions were compounded.

In case of the failure or neglect of any person to apply for registration within sixty days after the organization of the Board of Pharmacy, and publication thereof in the weekly paper published in the State of Arkansas whose circulation is the largest of all the papers so published, such person shall have forfeited the privilege of being registered as a registered pharmacist as set forth in this section.

SEC. 7. The State Board of Pharmacy shall, upon application, and at such time and place, in such manner as they may determine, examine every person who shall desire to conduct the business described in section 1 of this act in any city or incorporated town in the State of Arkansas; and if a majority of the members present at the meeting of the board shall be satisfied that said person is competent and fully qualified to conduct the said business of compounding and dispensing drugs, medicines, or chemicals for medical use, the board shall enter the name of such person as a registered pharmacist in the book provided for in section 6 of this act; *Provided*, that all graduates in pharmacy of schools or colleges of pharmacy that require three years' practical experience before granting diplomas, shall be entitled to have their names registered as registered pharmacists by the Board of Pharmacy

without examination. The Board of Pharmacy shall issue an appropriate certificate to each person registered, which certificate must be conspicuously displayed in every store described in this act.

SEC. 8. The Board of Pharmacy shall be entitled to demand and receive from each person whom they register as a registered pharmacist, without examination, the sum of three dollars; and from each and every person whom they examine, the sum of six dollars, which shall be in full for the regristration and the certificate. In case the examination of said person proves defective and unsatisfactory to the board, and he being declined regristration, he shall have the privilege of a re-examination within twelve months thereafter, without any fee being charged him.

SEC. 9. Any registered pharmacist who shall knowingly, intentionally and fraudulently adulterate or cause to be adulterated any drugs, chemicals or medical preparations, and offer such adulterations for sale, shall be deemed guilty of a misdemeanor, and, upon conviction therefor, his license shall thereby be revoked, and, in addition thereto, he shall be liable to a penalty of not less than $5 nor more than $100.

SEC. 10. If any person shall procure registration as a registered pharmacist under this act, by making or causing to be made, false representations, the registration and certificate thus fraudulently obtained may, in the discretion of the board, be revoked, and the name of the person so registered stricken from the register; *Provided*, That the person charged with the fraud be first allowed a hearing by the board.

SEC. 11. Any person not a registered pharmacist as provided in this act, who shall conduct a drug store or pharmacy, or place for compounding or dispensing drugs, medicines or chemicals for medical use, in any city or incorporated town in the State of Arkansas, or who shall take, use or exhibit the title of registered pharmacist without the same has been regularly conferred on him, as set forth in sections 6 and 7 of this act, shall be deemed guilty of a misdemeanor, and upon conviction therefor, be liable to a penalty of not less than $5

or more than $100; *Provided*, That any person or persons not a registered pharmacist may own or conduct such a store, if he or they keep constantly in their store a registered pharmacist; *Provided, further*, That this act shall not apply to physicians putting up their own prescriptions, nor to the sale of those articles commonly known as "grocers' drugs," nor to the sale of patent or proprietary medicines or non-secret medicines.

SEC. 12. If any registered pharmacist shall be convicted by a court of competent jurisdiction, in this State, of the illegal sale or handling of intoxicating liquors, his certificate as registered pharmacist shall thereupon become null and void, and his license or authority to engage in the business, as set forth in section 1 of this act, shall be thereupon revoked.

SEC. 13. If any registered pharmacist shall go out of the drug business and remain out for a period of twelve months his certificate as a registered pharmacist shall thereupon expire.

SEC. 14. All suits for the recovery of the several penalties prescribed in this act shall be prosecuted in the name of the State of Arkansas, in any court having jurisdiction, and it shall be the duty of the prosecuting attorney of the county where such offence is committed to prosecute all persons violating the provisions of this act, upon proper complaint being made. All penalties collected under the provisions of this act shall inure to the public school fund of the school district in which the offense was committed.

SEC. 15. Nothing in this act shall be construed to repeal or in anywise interfere with the collection of the "privilege taxes" now levied, or that may be hereafter levied, for State, county or city purposes, on the business of hawking, peddling or street vending of goods, wares and merchandise.

SEC. 16. All persons registered under this act shall be exempt and free from jury duty in the State of Arkansas.

SEC. 17. All acts and parts of acts in conflict with this act be, and the same are hereby repealed, and this act shall take effect, and be in force from and after its passage.

"Every Cloud Has Its Silver Lining."

And some of them are lined with gold. Such was the character of that one which lowered over pharmacy in Arkansas, and the mind of this writer, at the time the matter for this department of the Journal for last month was gotten up.

The Senate pharmacy bill had just been defeated in the House, and it did seem to all who are interested in the future progress of the profession, that all hope was gone; but thanks to Dr. Williams, the Representative from Washington County —from henceforth our patron saint—a reconsideration of the vote was had, and the bill passed, and by the Governor's signature has become a law. We surrender our space in this issue to the publication of the law, believing that it should have as wide a circulation as possible, and the medical fraternity are interested in knowing its provisions, as they will largely share its benefits. Its proper enforcement, so that its full advantages may be secured without unnecessary oppression, is now the order of the day.

This will depend mainly upon the complexion of the State Board of Pharmacy. If the machinery is made to move off properly at the start there will be no trouble, and the good effects of the law will soon be visible, and those who are its worst enemies now will become its best friends; but blunders at the beginning will never be overcome, and will clog its effectiveness. The members of the board should be men of the strictest integrity, thoroughly competent pharmacists of experience, and good executive ability.

We have implicit confidence that the Governor will appoint only such men, and that in making his selections he will be guided by the advice of the only ones competent to judge, pharmacists themselves.

It is hard to see how the few States that are yet out in the cold get along without a pharmacy law.

THE following appeal from the Committee on Pharmacy and Queries, should meet with a hearty response from the members. It is short, practical, pointed papers on every day subjects connected with pharmacy that is wanted. rather than long, learned disquisitions upon scientifie subjects:

COMMITTEE ON PHARMACY,

Ninth Annual Meeting to be held at Hot Springs,
May 20, 21 and 22, 1891.

FELLOW MEMBERS: Your attention is called to above date of the next meeting of the Arkansas Association of Pharmacists. This committee will esteem it a favor if any member having time and inclination will select some subject of practical interest, prepare a paper and read it at the annual meeting.

Many believe that only papers of a highly scientific character are the proper thing, but such is not a fact, however. Short papers of practical interest are of far more value to the profession, and are liable to arouse greater discussion, while scientific papers will fall flat, and perhaps be read to a small number of members only.

It is desirable that subjects selected be announced to the chairman of the committee not later than May 10th, to allow time for preparing the committee report.

The committee urges upon the members of this association the necessity of preparing papers, which will add something to the advancement of the profession of our State. It is also recommended that an effort be made to attend, as prospects are fair for a brilliant meeting, owing to the passage of the pharmacy law, and the hospitality of the Hot Springs community is well known.

JOHN A. JUNGKIND, *Chairman*,
Little Rock.
S. A. MILLER, Wynne.
J. LEE CRUCE, Fort Smith.

Miscellany.

Renal Torpidity.

BY H. A. HARE, M. D.,
Clinical Professor of Diseases of Children and Demonstrator of Therapeutics, University of Pennsylvania; Physician to St. Agnes' Hospital.

Although the medical profession and the laity have been accustomed to ascribe many disagreeable symptoms to what has been called "torpidity of the liver" or "biliousness," very few persons have considered as of much importance, or have recognized in any way whatever a corresponding functional inactivity of the kidneys. This condition of rental atony has proved to be, in a number of cases which the writer has seen, productive of much distress and minor ill-health. If we admit that the kidneys do become temporarily inactive at any time, then their importance as excretory organs at once shows that such a condition must be followed by the retention of effete materials and the development of symptoms of a more or less active character. We are all on the *qui vive* for cardiac disorders from indigestion, or for headache and languor due to hepatic troubles, but if none of these are found to exist, we are often at a loss to determine the cause of the ailment.

For a number of months the writer has been much interested in the study of several cases in which the kidneys seemed to be rendered inactive or deranged by disorders of the digestive functions or in which the digestive functions seemed impaired by primary renal torpidity. In some instances this torpidity consisted not in an inability on the part of the kidneys to carry on ordinary effort, but in a slowness of action when calls beyond their regular duties were laid upon them.

The following instance illustrates those cases in which the digestive disorder seemed to cause not only inactivity of secretion, but, in addition, albuminuria:

"C. H., æt. 3 years, female, appears to be perfectly healthy and is unusually well nourished. Is not fretful during the day or restless at night and has a good appetite. Six months ago,

while ailing slightly, the parents noticed that the urine was very concentrated and of a very dark color, and sent some of the liquid to a physician to be tested. Examination showed it to be heavily loaded with albumen; a diagnosis of acute or subacute nephritis was made, and proper dietary and medicinal measures resorted to. The amount of albumen in the urine after this attack steadily decreased, and finally, when the case came under my care, the albuminuria was absent and did not appear until some weeks later, when an attack of gastro-intestinal catarrh of a mild type came on, preceded by a few days of constipation, which soon merged into a mucous diarrhœa, the passages being very fetid and containing undigested food. Before the child had diarrhœa, and while the constipation existed, the urine became concentrated and loaded with albumen. All attempts to check the diarrhœa failed so far as permanent cure was concerned, until by the use of alkaline diuretics the urine became clear and almost free from albumen, when the diarrhœa also ceased spontaneously. The urine now became normal and remained so until through slight indiscretions in diet the same symptoms returned on several occasions."

This case indicates that the kidneys may be, as already stated, capable of doing ordinary work, but fail, if by disturbances in the system they are required to eliminate any irritating products formed by decomposing food in the alimentary track.

The next case typifies another form in which the renal torpidity causes a series of unpleasant symptoms, followed by marked disturbances of digestion:

"P. H., æt. 29, a male, apparently in perfect health, though much confined to his desk, and without anything of note in his history as to disease, either in infancy or adult life, suffers from frequent attacks of headache and indigestion. The headache follows a feeling of languor and irritability, which sometimes lasts several days. On the day on which the attack culminates he notices, about 10 o'clock in the morning, a feeling of great sleepiness, while slowness of thought becomes so marked as to render conversation difficult or actually inaccurate, so far as

correct answers to questions are concerned. Sometimes amnesicaphasia is present to a very slight extent. These symptoms are rapidly followed by very severe headache, cold feet, more or less nausea, but no vomiting unless this is provoked by tickling the fauces. If vomiting is produced, butyric acid sometimes is present in large amounts.

"During this time there is apparently no secretion of urine, but after three or four hours a sensation of fulness about the neck of the bladder comes on, which is partly relieved by the passage of a few drops of concentrated urine, which does not scald the urethra. Soon after this urinary secretion becomes profuse, the headache ceases, and the urine when passed is limpid and of a very low specific gravity, but scalds the urethra very severely. *These attacks come on irrespective of diet or of manner of living, and are always preceded for several days by the secretion of concentrated urine of decided odor.* Further than this they can always be prevented, if the patient drinks large amounts of Vichy or other diuretic waters as soon as he notices an increased specific gavity of the urine."

This case indicates that we may have renal torpidity which, if overcome by renal stimulants, prevents a train of symptoms which we would commonly call "biliousness," but which calomel will not relieve.

The writer is well aware that he has dealt with symptoms more than diseases, but a certain number of such cases has taught him that a close connection exists between the kidneys and alimentary canal, and that obscure headaches, loss of appetite, and general *malaise* may often be relieved by alkaline diuretics, such as citrate of potassium or other similar drugs, when tonics. laxatives and mercurials have been used without result. Pepper and DaCosta have both of them mentioned in their lectures or writings, a condition which they have called "renal inadequacy." In such states, however, there is a constant secretion of very small amounts of urine in lieu of the quantity normally passed by a healthy man. Renal torpidity is therefore a different condition.--[University Medical Magazine.

The Use of Stimulants in Fevers.

The antiphlogistic treatment of fevers in vogue in the early part of this century, under the lead of clinicians like Bouillard and Broussais, has given way to the supporting and stimulating system as taught and practised by Graves, Stokes, Todd, and Bennett, in England; still later, by Broadbent, Beale, Anstie, Murchison, Flint, Jurgensen, Liebermeister, Germain See, and hosts of other clinical leaders in all lands.

To repair the excessive losses incurred by the combustions of the febrile process, nutrients are indicated; and experience has shown that, while the digestion of solid food is imperfect or impossible, liquid aliments, as milk and broths, are absorbed with considerable readiness, and sustain the vital forces and diminish waste.

The exhibition and management of stimulants in fevers require no little tact, experience and judgment. Doubtless mild cases may do very well on milk and broths, without a particle of alcohol from the beginning to the end of the fever. Some, as Jaccoud, give wine or other alcoholic potions indiscriminately to all their typhoid patients, the quantity varying as to age, constitution and habits of the patient. Others wait for symptoms of general depression and heart failure. The part of wisdom would seem to be, neither to give alcoholic stimulants altogether as a matter of routine, for some fever patients do not need them, and really do better without them, nor to wait for marked manifestations of depression before giving wine or brandy.

Stokes, in his admirable "Lectures on Fevers," dwells at some length on what he calls "the anticipative treatment," by which is to be understood the administration of stimulants at an early stage of the fever, when, "although there may be no very pressing vital symptoms calling for their use, the sagacity of the physician enables him to foretell the occurrence of great prostration of vital energy." He believes that this anticipative method is that which will most conduce to the saving of life. By the early exhibition of alcohol, we follow the old maxim:

"*Venienti occurrite morbo.*" Stimulants are given to guard against a sudden sinking of the vital energy, shown by special conditions of the nervous and the circulatory systems. In determining on the employment of the anticipative treatment, the epidemic character or habit of the disease must be taken into account. If, for example, it is known that in the epidemic a great number of cases assume well-marked symptoms of prostration, say on the seventh, eighth or ninth day, the physician will, on the fourth or fifth day, anticipate their occurrence by commencing the use of stimulants. The antecedents of the patient, his habits of life, his previous health, etc., will also furnish indications as to the advisability of beginning the anticipative treatment. Stokes has found that in typhus fever the anticipative treatment is more frequently called for than in typhoid.

In the aged and debilitated, when attacked with pneumonia, typhoid, or any other febrile disease of more than ephemeral duration, the expediency of early beginning a stimulating treatment, is everywhere recognized. The attending physician will be very chary in the use of veratrum or antimonials, and will, from the very first, order some wine or brandy, in such doses as will, in his judgment, sustain the heart and nervous system. Unfortunately, such persons are bad subjects for pneumonia or typhoid, and will often sink about the sixth or seventh day, despite the most careful supporting treatment.

Among the "classic" signs indicative of the necessity of stimulants, we have the dry, brown tongue, sordes in the mouth, stupor or subdelirium, coldness of the surface, a peculiar fever odor, often present from the first, feebleness and irregularity of the heart's action. The quick, soft compressible, wavy pulse calls for alcohol. Perhaps no better rules, based on the condition of the heart, can be formulated for the administration of stimulants, than those which Stokes has laid down in the work before referred to. The following, according to him, are the physical signs which seem to indicate the early use of stimulants:

1. Early subsidence of the first sound observed over the left ventricle.

2. Diminution of the first sound over the right ventricle.

3. The heart acting with a single, and that the second, sound.

4. Both sounds being audible, but their relative intensity being changed, so as to represent the action of the heart of a fœtus *in utero*.

5. With these signs, a progressive diminution of impulse, which occasionally becomes imperceptible, even when the patient lies on the left side.

As to the quantity of alcohol to be administered, everything will depend on the condition and previous habits and idiosyncrasies of the patient. An adult male patient, about the fifteenth day (or about the time of crisis) of typhoid fever, with nervous and circulatory symptoms, indicating a tendency to sinking, will often bear enormous quantities of alcohol, and it is not an uncommon event for patients in this condition to be dosed to the extent of a quart of wine and a quart of brandy in the twenty-four hours. The most judicious practitioners are disposed to exercise moderation in alcoholizing patients, even in states of asystolism, and believe that nothing is gained by exceeding an ounce of good whisky or brandy per hour; if this will not save life, more will be inefficacious. It cannot be too much remembered that in giving alcohol to fever patients we are adding another poison to the blood, and that the patient may be as much endangered by excess as by lack of alcohol.

As to the preparation of alcohol to be chosen, the practitioner must be guided by the idiosyncrasies of the patient and the degree of prostration. Some persons do better on wine than any on other stimulant; this is often the case with delicate females and with children. In states of prostration, whisky or brandy is the most likely to arouse and sustain the flagging forces. Whatever alcoholic preparation be chosen, the physician cannot be too careful as to the *purity* of the spirituous liquor administered; new liquors are to be shunned,

and only samples of rum, whisky, or brandy admitted to the sick-room that are at least five years old, and have been kept that length of time mellowing in the cask. The importance of this precept is sufficiently obvious to all who have had any experience in the selection of liquors of good quality for medicinal usage.—[Therapeutic Gazette.

Things to Unlearn About Midwifery.

BY E. B. WARD, M. D., LANSINGBURG, MICH.

First. That child-bearing is anything but the natural, health-producing function of woman.

Perhaps two-thirds, at least, of the diseases doctors are called to treat in women come from interference with this natural process. The healthiest women in the world are, as a rule, those who have raised the largest families.

Second.—That interference of any kind in natural labor, is admissible.

Having determined that the presentation is normal, the less the physician renders himself obnoxious to the patient by frequent examinations, or even by his presence in the sick room, the better. He is not her deliverer; she is competent to deliver herself, and with less liability to a ruptured perineum, than if the various means devised to prevent such a catastrophe are employed. Let her quietly alone, and turn attention to inducing the attendants to observe quiet and cheerful decorum. There are many more children born without the aid of a doctor than with, and the world's population is increasing.

Third.—That the youngling should be fed immediately after being "dressed."

Some old mothers insist on putting a teaspoonful of cold water into the infant's mouth, and then as the buccal muscles normally contract and relax, they decide the "baby is hungry." Now, if they are prevented from giving the child anything after normal labor, except the maternal fount, a long step will have

been made toward avoiding many of the ailments appertaining to early infancy. The breasts probably contain no milk proper, but they do hold what nature provides for first introduction to the child's stomach. Further, if the milk does not appear for twenty-four or forty-eight hours, the babe can wait instead of having its alimentary canal cramped by the ingestion of unsuitable and unnatural food. It will not starve, or if it does, the physician is not to blame, for he did not make mankind. If he had, as he grew in years and information, he would conclude the opossum's method of attaching its young to the nipple, an improvement on the way with women.

Fourth.—That traction is never to be made on the cord.

The way to deliver a placenta is to hold the cord taut in the right hand (not pulling on it) while the left digits gently knead the body of the womb until contraction is produced; then with a little assistance by the cord, delivery is attained.

Fifth.—That it is any part of the obstetrician's duty by word, look, or insinuation, if any deviation from the normal is diagnosed, to divulge it to the patient or attendants, or even to the relatives, until the time comes for trouble and action to begin.

He is not going to ride on a tidal wave into the affections of the family by prolonging their mental misery. Better in fact say nothing, if possible, until the trouble is remedied, and let explanations follow. Silence and circumspection, are golden.

Sixth.—That absolute quiet in the recumbent position is imperative.

The Indian squaw will stop by the wayside, while on a march, and after completing the duties of maternity, pick up the result and follow along the trail. If the patient has ordinary discretion, let her use it unlimitedly in this respect. I am satisfied that sub-involution, and a variety of other distressing and troublesome difficulties, sometimes come from keeping the idea impressed on the patient's mind that *now* she is in a precarious condition, and her mind is concentrated on that thought; whereas, the fact is, she is in normal health. Mental impres-

sions are powerful, especially in females, and more especially during maternity, and anything that can be said to throw off the brooding horror with which dress-deformed, civilized woman contemplates motherhood, is a God-send.

Finally.—That it is the correct thing to always employ antiseptics in midwifery.

Barring the possible fact that in hospitals, by inducing extraordinary cleanliness, antisepsis may be and probably is of benefit, I am as well satisfied that in ordinary practice, and in the hands of the new-made graduate of today, it is an instrument of death. *Death!*—understand! I am as well convinced as of my own existence, that I have seen cases of pelvic peritonitis, celulitis, and ultimate death, resulting solely from post partum vaginal injections of the bi-chloride. I mean just what I say; and I honestly believe, if the facts were known, the actual percentage of deaths due to confinement, in country practice, or wherever the plastic and unreasoning novice plies his profession and attempts to follow the teachings of men who gather their information from spontaneous speculation, is steadily on the increase.

Now, since the learned H. O. Martin has found, up to last accounts, twenty-seven different microbes in the human vagina, and is undoubtedly searching for more, I submit, in all candor, if it is not about time to "let up" on the idea of attempting to antisepticize a wound received *per vias naturales.* It is preposterous! It is absurd; and I believe absolutely dangerous, as now practiced. Simple, careful cleanliness, and the following out of Nature's dictates, will lead any one who thinks for himself into the right way.

In conclusion, I beg leave to indicate that the deductions herein advanced are not drawn altogether from the vagaries of a puerile imagination, nor yet from the solid rock of unreasoning intolerance, but are the result of upwards of a third of a century in active practice, and in close, careful observation. Further, I may be permitted to add in parenthesis, that in all these long years, I never have lost a single patient, as the result of labor, either normal or otherwise.—[Detroit Lancet.

Graduating Exercises of the Medical Department of the Arkansas Industrial University.

[From the Arkansas Gazette, April 3.]

A large audience was present last evening at the Capital Theatre to witness the commencement exercises of the Medical Department of the Arkansas Industrial University. The Capital Theatre orchestra contributed the music for the occasion, all the numbers being classic selections from Mendelssohn, Moszkowsky and other celebrated composers. The young gentlemen had many friends in the audience, each one receiving his quota of floral offerings, every presentation being followed by a round of hearty applause. In the absence of Dr. J. A. Dibrell, dean of the college, the exercises were presided over by Dr. Edwin Bentley, professor of surgery in the institution.

During the evening the following gentlemen occupied seats on the stage: Gov. James P. Eagle, *ex-officio* president of the board of trustees, Rev. M. B. Chapman, Drs. Edwin Bently, P. O. Hooper, A. L. Breysacher, J. H. Southall, Claibourne Watkins, R. G. Jennings, J. H. Lenow, W. W. Hipolite, J. B. Bond, E. R. Dibrell, L. P. Gibson, L. R. Stark, and Mr. Fay Hempstead.

The following is a list of the graduates:

James G. Allen, Hiram, Ark.
William P. Baker, Amity, Ark.
Frank J. Baum, Lonoke, Ark.
John F. Brown, Barney, Ark.
Richard S. Brumfield, Fredericktown, Mo.
James L. Clayton, Clayton, La.
Thomas C. Hart, El Dorado, Ark.
James C. Higgs, Yellville, Ark.
Benjamin L. Hill, Little Rock, Ark.
William J. Hornbarger, Heber, Ark.
William A. Jackson, Romance, Ark.
Samuel E. Miller, Shoal Creek, Ark.
John B. Pease, Jr., Gunnison, Miss.

John M. Phillips, Arkadelphia, Ark.
Reuben Y. Phillips, Arkadelphia, Ark.
William B. Pinson, Vilonia, Ark.
Henry D. Saddler, Rison, Ark.
George W. R. Smith, St. Paul, Ark.
Robert C. Thompson, Speitville, Ark.
Paul N. Walton, Buffalo, Texas.
David F. Wilson, Summerville, Ark.

After the rendition of several musical numbers by the orchestra, prayer was offered by Rev. M. B. Chapman.

Mr. Fay Hempstead then delivered the annual address. He said that a great Roman orator once stated the beginning of every discussion should consist of a definition, in order that the subject in controversy might be set forth clearly. Acting upon so excellent a precept, the speaker started with the announcement that he would discuss two propositions. First, that in seasons of peril and danger, the world at all times looks to its medical profession as the highest source of human aid; second, that in the ordinary course of events, the medical profession has fairly kept pace with the onward march of science. To these lines of argument, the speaker shaped his address, and for half an hour entertained his audience in a very pleasing manner.

Governor Eagle then conferred the degrees upon the young medicos. Before doing so, he addressed them, briefly giving them some very sound and wholesome advice, and impressed upon them, in suitable words, the responsibility of their profession.

Dr. Bentley awarded the various prizes, which were as follows:

Prize of $25, offered by Dr. William Thompson, of Little Rock, Ark., to the student passing the best examination in anatomy. Awarded to Dr. John F. Brown.

A copy of Gray's Anatomy, offered by Dr. Thompson, as a prize to the student passing the second best examination in anatomy. Awarded to Dr. David F. Wilson.

Dr. J. M. Kellar, of Hot Springs, offered a gold medal to the student passing the best examination in surgery. Awarded to Dr. Reuben Y. Phillips.

Dr. Isaac Fulsom, of Lonoke, offered, as a prize, a copy of a work on physiology, to the student passing the best examination in physiology. Awarded to Dr. William P. Baker.

The Gazette Publishing Company offered, as a prize, one year's subscription to the Daily Gazette, to the student passing the best examination in all branches. Awarded to Dr. Frank J. Baum.

The faculty prize, a pocket case of surgical instruments, for the best prepared anatomical specimen. Awarded to Dr. W. A. Jackson.

After a musical number by Profs. Strauss and Cohen, Dr. J. B. Bond delivered the valedictory.

The Medical Cyclone.

The instantaneous rise and progress of Kochism may fairly be likened to that of a cyclone. In its rise, sober, staid men and women lost their heads, and seemed incapable of the exercise of their usual good judgment. The cyclone swept both profession and laity in its onward progress. At last, however, a subsidence in its fury is observable; reflection is taking the place of unreasoning impulse. Those who went to Berlin to learn the new method for wiping out the dread destroyer have set their faces homeward, with or without samples of the "lymph," wiser in some things respecting human nature, if not respecting this fluid.

Koch has at last told us the composition of his "lymph." In general it may be said to consist of certain unknown substances, extracted by means of a 40 or 50-per cent. dilution of glycerin, from a pure culture of the tubercle bacillus. He does not know the active principle of this liquid, though, he says it is not soluble in alcohol, seems like an albuminoid derivative, withstands high temperatures, passes readily through

a dialyzer, and forms less than one per cent. of the solution. The accounts given by Koch, however, are not given with such clearness as to be available for those who desire to engage in its manufacture.

The results of Virchow's post-mortem examinations of a considerable number of those who had died under Koch's treatment, showed that in some cases, at least, such treatment caused the tubercular bacilli to invade portions of the body hitherto not invaded by them. The general impression left by the reading of Virchow's report, is to dampen excessive enthusiasm, and to encourage a more cautious course of study and treatment.

Again, the reaction said to be characteristic of the presence of tuberculosis has followed in cases unquestionably healthy before. On the other hand, the reaction did not occur in some cases of tuberculosis. Hence, the reliability of the "lymph" as a diagnostic test of tuberculosis, needs additional proof. Thus the whole question, even as to the value of the "lymph," is still an open one. All wish the results may confirm the largest hopes, but these results are still to be confirmed by longer time and larger study.

Unconsciously, the average medical mind recalls the large claims made by numerous observers of the highest reputation, for sulphuretted hydrogen, for the pneumatic cabinet, for hot air, etc., etc. The echoes of the praises of these remedies as cures for consumption, have hardly died away, before those of Koch's "lymph" have absorbed the thought of the world. We think we have a more certain ground for hope in the "lymph," but watch and labor while we hope.—[The American Lancet.

Sulphur.—Prof. Boudard's views fit in not only with my grandmother's practice, but also with the doctrine of the late celebrated Dr. Budd, of Plymouth, who used to say, according to the local gossips, that sulphur was the best medicine in the pharmacopœia of his day, and that if it were a guinea an ounce, more would be used.—[Hospital Gazette—New York Medical Record.

Proprietary Remedies From a Common Sense View.

St. Louis, Mo., January 23, 1891.

Editor of The Mirror:

Being a casual reader of the Mirror, I have noticed several articles pertaining to proprietary medicines, in which the use of these goods is recommended to the medical profession. Now I object to this sentiment most emphatically, as I believe that the propagation of such ideas works much harm, not only to the people, but also to the physicians and medical students; luring the latter from the true and righteous path of therapeutic progress and investigation to the ignoble way of charlatanism, medical ignorance and retrogression. The physician who uses proprietary medicines cheats himself and his patients. He cheats himself because he does not learn anything by prescribing these ready-made "hand-me-downs;" he doesn't exert his mental faculties, and furthermore, he degrades himself to play the medium through which Mr. So-and-so can vend his base and harmful compounds, which have no superior medical virtue, but what is doubtful and imaginary at best. The last-named, very obnoxious individual, approaches the dear doctor with sweet oil on his tongue and only too often succeeds to pull the wool over the doctor's eyes, who proceeds to prescribe Mr. So-and-so's medicine to the confusion of himself and his patients, for behold "Friend Hein" is reaping a rich harvest.

The conscientious and thoughtful physician should write his own prescriptions and trust the pharmacist to prepare them for him. The poor druggist, whose path is not strewn with roses, nor dollars either, is an honorable and conscientious man, who does not deserve the distrust which is shown to him by the physician, when he prescribes this aforesaid parasitic outgrowth of materia medica. I claim this in spite of the allegations made by a certain buckshot factory in New York, which claims that druggists are given to substituting to an alarming extent.

I was speaking to a physician the other day, who claimed, that when a druggist is caught substituting, he should be sent to the penitentiary. If that is the case then we would have to build a large addition for the doctors, who have helped many a poor soul to the happy hunting grounds. But this is going to extremes. Since I have disgorged a few of my opinions I am like the man who took six comp. cathartic pills, U. S. P., I am easier. I have, however, several batteries charged yet, and if you desire to hear more on this subject I will turn them on. I am, sir, yours,

VINCENT J. MUELLER.

Eleventh and Brooklyn streets.

—[Medical Mirror.

Books and Pamphlets Received.

ANNUAL REPORT OF THE SUPERVISING SURGEON-GENERAL OF THE MARINE HOSPITAL SERVICE OF THE UNITED STATES FOR THE FISCAL YEAR 1890. As usual Dr. Hamilton's report is full and complete in every particular, giving every detail of the working of the service for the year. The usefulness and responsibility of the service has greatly increased in recent years, until now, charged with the control of governmental quarantine it is one of the most important bureaus of the general government. In times of threatened epidemic from foreign countries or the originating of a pestilence in our own land, it is by law the duty of the Marine Hospital service to take charge of and enforce the necessary regulations for prevention or suppression. In addition to the statistics of the service the last report touches on the public health—interstate and national quarantine and immigration. It contains also reports of surgical operations and of fatal cases with autopsies. A very interesting valuable feature is the report on European hospitals, containing plans and engravings of a number of them. These will undoubtedly be valuable to individuals and corporations as aids to the erection of hospitals in this country.

It is fortunate for the country that a bureau of the government having so much power for good or evil and charged with such grave responsibilities is under the control and guidance of medical gentlemen of such ability.

Surgeon-General Hamilton has long since demonstrated his fine capability both as a medical man and executive officer, and this last report adds still more to his well deserved honors.

Principles of Surgery. By N. Senn, M. D., Ph D., Philadelphia and London. F. A. Davis, 1890.

This is one of the most important, in fact, necessary contributions to surgery, that has been published for some time. In no branch of medical science has the change and progress been so marked as in that of surgery. One great advance is the application of the principles of antiseptic or aseptic surgery, based on the other, that of the germ theory of infection. So much has been written on the technique of operations and dressings, that time has hardly been taken to revise and review the underlying principles on which all else is constructed.

Dr. Senn is a student, thorough and careful, who does not too hastily generalize the results of his investigations. The entire book shows the results of his tedious labors and practical methods, and reflects honor on the medical profession of America, and particularly on that portion of it residing in the Great West. Every young surgeon and student ought to carefully read and inwardly digest the contents of Dr. Senn's book instead of wasting too much valuable time on those more popular but less important themes of 'operative surgery. And the older practitioner of surgery must read and be taught by such a work, if he desires to keep pace with the progress of the day.

Terminologia Medica Polyglotta. Compiled by Theodore Maxwell, M. D., Cantb. B. Sc., London, F. R. C. S., Edinburgh. London: J. & A. Churchill. Philadelphia: P. Blakiston, Son & Co., 1890.

HEREDITY, HEALTH AND PERSONAL BEAUTY. By J. V. Shoemaker, A. M., M. D. Philadelphia and London. F. A. Davis, 1890.

It is difficult to justly fix the place that this last production of Dr. Shoemaker's is entitled to in either the medical or the popular mind. Indeed, it is hard to decide from a perusal of the entire book, whether it is intended for the physicians or laity. It is a little too technical, much of it, for common people, and just a trace too popular for scientific application by the medical man. But it doubtless, has an object —maybe to "create a non-existing want"—and if its object is at last attained, the want ought to be easily filled, for it will hardly be long-felt, or very general.

The book shows the author to be an *omnivorous* reader of scientific literature, but his mental digestive apparatus does not seem to be equal to the task of digesting, assimilating and *excreting* the great mass of scientific ingesta the writer consumes. And yet the book is about as good as most of its class of publications, and if one has a fancy for such hybrid literature, one might pay more for another and get less in return.

A REALLY valuable little book published by F. A. Davis, Philadelphia and London, is PURDY ON DIABETES. It is concise, and yet sufficiently full. In this day when so much attention is being paid to the diseases of the kidneys and abnormal conditions of the urine, it is the duty of every physician to keep thoroughly informed of the various states and processes depending on the pathological conditions of the kidneys.

Additional Railway Notice.

Since the JOURNAL went to press the St. Louis and San Francisco, and Kansas City, Fort Scott and Memphis Railways have signified their willingness to sell tickets at reduced rates the same as the other roads to Arkansas, and on same conditions. Take receipt for full fare paid to connecting point, and when signed it will entitle holder to ticket at one-third fare returning.

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ADDRESS:—LORENZO P. GIBSON, M. D., Managing Editor,
No. 111 E. Fifth Street, Little Rock, Ark.

All members of the Society should send their annual *dues* to the *Treasurer*, A. L. BREYSACHER, M. D., No. 121 W. Second Street, Little Rock, Ark.

VOLUME I. MAY, 1891. NUMBER 11.

Editorial.

THE SIXTEENTH ANNUAL MEETING.—The session of the Society held at Hot Springs, April 29th, 30th and May 1st, was one of the most pleasant the Society has ever held. The attendance was unusually large and every preparation had been made by the members of the local profession for the entertainment of their guests. The section plan worked admirably. There was a sufficient number of papers to fully occupy the time allotted each section and the discussions were as animated and instructive as medical men unaccustomed to forensic display were capable of making them. It was apparent that something of a disagreeable nature was anticipated by a considerable number of those who attended, but like the old

woman who had had lots of trouble in this world, but most of it *never came*, these members were agreeably disappointed.

Everything worked smoothly and for the best, and so far not a voice has been heard in condemnation of anything that was done or complaint of what was left undone.

The entertainments were numerous and on a scale never before attempted in the Southwest and indeed difficult to excel anywhere.

At the suggestion of the Hot Spring Society an invitation was extended to the American Medical Association to hold its next annual session at the Springs. If it is accepted, the resources of the local profession will be taxed to their utmost, but if their treatment of the State Medical Society is any index of their capability there is not a member of the latter Society who attended the recent gathering who will not make affidavit that the hospitality of Hot Springs is unbounded and will be more than equal to the pleasing task of entertaining the National Association.

The Arkansas physicians who attended the session are to be congratulated; those who were unavoidably absent are entitled to condolence while those who could have attended and did not—well, it doesn't make much difference about them, except to hope that when they learn of the good things they missed they will resolve to be on hand at the future meetings.

Original Communications.

The Annual Address of the President.

BY JAMES A. DIBRELL, JR., M. D., LITTLE ROCK.

[Delivered before the State Medical Society of Arkansas at the Sixteenth Annual Session, Held at Hot Springs, April 29-May 1, 1891.]

GENTLEMEN—It is proper that I should premise such remarks as I shall make with an expression of my appreciation

of the distinction I enjoy in being selected to preside at the Sixteenth Annual Meeting of the State Medical Society of Arkansas.

I am in no sense a parliamentarian, and fully conscious of my unfitness for such a position, I have reason to doubt the wisdom of the Society in making the choice. But in accepting the trust, after some insistence on the part of the Society, I can with confidence solicit your generous co-operation in the work before me, and bespeak your charitable criticism for any shortcomings.

It is a conspicuous honor to be chosen President of the Medical Society of a great and growing commonwealth, embracing as it does in its membership refined and cultured gentlemen, learned in their profession, and who, with larger opportunities, are capable of shining as brilliant lights in the medical firmament. Honors, however, bring with them duties and responsibilities, and among these is the presentation of the annual address.

It has occurred to me that an address of this character should follow somewhat of the form of a Governor's message to the State Legislature, in calling attention to the internal affairs of the State, its needs, resources, and indicate in what particulars legislation is necessary for the good of the State.

In like manner, the address of the President of this Society may with much propriety invite your attention to the state of the medical profession, and suggest such measures as are calculated to elevate its standard, increase its proficiency, promote the public health and achieve such reforms as may be obviously necessary for the good of the profession and the entire people.

The medical profession has kept pace with the march of science in all other channels of development. It is today, to an extent never before equaled in the history of the world, laboring in one united effort to determine the cause of disease and prevent its occurrence.

The past twenty years have been fruitful in wonderful and unexpected achievements. During the last fifty years progress

in medicine and surgery has been more pronounced than in all preceding time of which we have any history, and there is every reason to believe that the sum of our knowledge is greater, and medical men are generally better informed than at any time in the history of the world. So greatly has this knowledge increased, ramifying as it does in all directions, that it has become impossible for a single mind, however active and retentive it may be, to master the subject in all its details and become equally proficient in all its various branches. A division of the labor has therefore become a necessity. It is owing to the untiring devotion to science and the cause of suffering humanity, of patient and thoughtful investigators, working in special fields of inquiry, that our knowledge of the human body has so much increased, and our powers enlarged to soothe its pains and cure its manifold disorders.

Every branch of our science has advanced with rapid strides. Physiology, histology, pathology, bacteriology, diagnosis, therapeutics, all in fact, seem as though they had hardly been heard of a generation ago. Operations in surgery, for example, that are now performed everywhere, with skill and safety, were not long since regarded as procedures wholly unjustifiable. It is within the recollection of some here today, the storm of violent opposition some of the earlier operators in abdominal surgery received. What was considered most dangerous undertakings are now through subsequent discoveries, rendered comparatively safe operations, with a death rate smaller than that which formerly attended operations of a minor character.

Such results have been made possible through the discovery of Lister, whose antiseptic method of wound dressing has revolutionized surgery. This is one of the grandest discoveries of the age, one that will immortalize the genius who gave it to the world. It has been the means of rescuing from death thousands of lives, as is evidenced by the decreased mortality following operations in surgery, and all wound-producing accidents and injuries. It has saved an incalculable amount of pain and suffering in preventing suppuration, and in facilitating

the healing of wounds of all forms. The statistics of surgery will have to be re-written, since we cannot rely upon them as formerly as precedents in surgical procedures.

Any one familiar with the scenes, appearances and odors of a general hospital twenty years ago will note the wonderful change that has been wrought if the same institutions be visited today. The improved technique in wound dressing renders suppuration the exception; erysipelas is seldom seen as a complication, and hospital gangrene not at all. Wounds heal as a rule by primary union, and the disgusting and noisome odors that offended the nostrils are but a recollection.

Grand as is Lister's contribution to science, we appear to be on the threshold of another that promises to be equally important and beneficial to mankind. Its exact value is yet undetermined, and it may require years to acquire the needful evidence to establish its claims as a therapeutic measure. It will have to run the gauntlet of sharp and unrelentless criticism, will be studied from every standpoint, as has been the case with every innovation that has ever been proposed in the treatment of disease.

I refer of course to the more recent investigations of Prof. Koch, in whose skill, ability and honesty of purpose the greatest confidence is reposed. His theory commends itself to thinking minds, having been evolved while in the same line of work as that in which Lister achieved his triumph.

The theory that many, if not most diseases, have their origin in minute organisms, which are propagated in the human system, but having no share in its normal economy, is the most acceptable one as to the etiology of disease that has ever been promulgated, and while it is not entirely new, we have by more perfect and systematic methods of investigation, accumulated a mass of facts of a confirmatory character, and each year's results brings additional proof of the truth of the theory. When we have learned with exactness to detect these micro-organisms and determine with positiveness the precise relation they bear to each particular disease, and demonstrate that they are the chief or only factors in its production, and then to de-

stroy them without injury to the infected organs, medicine will be placed upon a higher plane, and be raised to the dignity of an exact science.

It would appear strange that we have remained for so long a time in an atmosphere of darkness in regard to these questions, if we did not consider the enormous difficulties that have to be encountered at each step of bacteriological inquiry, and yet when a discovery is made, we are amazed that it had not come sooner, with suggestive and familiar things in nature around us. Dr. Gross in his autobiography says of "the hypodermic syringe in its varied uses in the treatment of diseases and accidents affords a singular instance of a lack of appreciation of the inductive philosophy to the purposes of our profession. Hardly twenty years have elapsed since this invaluable instrument, now so extensively employed by every practitioner, was introduced to the notice of medical men by Dr. Alexander Wood of Edinburgh, and yet it has been known from time immemorial that every venomous reptile and many insects are each provided with such an appliance, either as a means of defense or as a means of livelihood. Had this knowledge been utilized we should have had such an instrument as the hypodermic syringe ages ago, and we should consequently have been spared a vast amount of human suffering. The woodpecker was an auscultator long before Laennec."

A sickly, drooping plant has daily received our tender and watchful care. We dig about its roots, fertilize and irrigate the surrounding soil, but it does not thrive; its leaves become crisp and yellow in blight and it appears about to die. The plant is diseased and there is a cause for that disease. Examine the leaves with a lense, and you may find upon them thousands of microscopic parasites preying upon its life. An insectricide is used and the response is prompt. The leaves turn a healthy hue, the plant grows and blossoms in maturity.

Prof. Huxley remarked ten years ago "that the search for explanation of diseased states in modified cell life, the discovery of the important part played by parasitic organisms in the etiology of disease, the elucidation of the action of medica-

ments by the methods of experimental physiology appears to me to be the greatest steps which have ever been taken towards the establishment of medicine on a scientific basis." In this era of progress in medicine it will be interesting to inquire what the medical profession of this State is doing to advance the great work? To what extent, by organized effort, are we endeavoring to correct the many existing abuses everywhere apparent which retard the progress of medicine in this State?

The most important element necessary for the advancement of these objects is in the organization of collateral branches, in the form of local or County Medical Societies. The more numerous these the more influential will be the State organization in an endeavor for the public weal. These organizations are productive of great good to its members. They are calculated to promote harmony and good-will, to cultivate cordial relations; for the improvements of its members, in the diffusion of scientific information, and the interchange of personal experience in the treatment of disease.

The number of County Societies reported by the Secretaries from time to time as being entitled to representation here has varied from eighteen to twenty-four. There are seventy-five counties in the State, in forty-one of which there has either never been a Society at all, or, if any, they were short-lived and unimportant. Many causes, it appears, have operated to retard progress in this direction. One of the necessary prerequisites for membership is a diploma from a regular medical college in good standing. In many of the counties, it is represented, there is not a sufficient number of physicians having this qualification to organize a Society, the majority of the practitioners being irresponsible persons, who, under the protection of the five-year clause of the act to regulate the practice of medicine in this State, licentiates of County Boards and medical tramps driven here by the enforcement of laws in other States. In Illinois alone, under the act to regulate the practice of medicine in that State, more than 3000 incompetent, fraudulent and dishonest practitioners have been forced to leave for other localities, a great many of whom have found

an asylum in Arkansas, 300 or more having settled, it is said, in the Northeastern part of the State. Arkansas had her full quota of quacks before the passage of the act above referred to, which ought to have been entitled an act to legalize quackery and fraud, for such has been its practical effect. It is to be doubted if the act ever deterred a single person, however incompetent and dangerous, from assuming the duties and responsibilities incident to the practice of medicine. The *seventy-five* County Boards authorized under the law to grant certificates of qualification, are appointed by the County Judges, who being non-medical men, cannot by any possibility, know anything of the competency of their appointees, consequently men have been placed on these boards who would themselves have been excluded from practice had the law been applied to them.

There are some excellent local boards in the State, composed of gentlemen who have endeavored to discharge their duty without fear or favor, but a few boards composed of different material effectually does away with any good that grows out of a duty conscientiously performed by others.

A candidate appears for examination; being deficient, he is rejected. The law provides in a case of this kind the privilege of an appeal to the State Board of Medical Examiners, but this the candidate does not elect to do, but instead goes from one local board to another until—as he is sure to do—he finds one that will grant him the coveted certificate, which, when once obtained, entitles the holder to practice anywhere within the limits of the State to the end of his life.

These are familiar truths, but they are fundamental and can not be repeated too often until a great evil is corrected, either in the repeal of the present act or in the enactment of a new law more in harmony with the needs of society and an advanced civilization.

To secure such a law, the members of this Society should exert an unflagging zeal. All other legislation pertaining to medicine is for the time of secondary importance.

The utility of the State Board of Health in years of threatened invasion of epidemic diseases was more than once signally demonstrated, and ought to be rehabilitated. But what of that other feature of health organization—the collection of vital and mortuary statistics so essential to the proper understanding of the diseases peculiar or common to any community? A learned physician has said that "to master the details of the structure, the anatomy of one organ of the animal body, is as great an effort as to master every detail of many occupations by which exclusively some men earn their bread." This being true, it is also true that it requires years of study in other branches of medicine to obtain even a reasonable degree of proficiency. What must be thought of the qualification of those who, without study, without clinical opportunities, without college training, who never saw a dissecting room, without preparation of any kind, without skill, without honor or intelligence, are, under the sanction of the law, allowed to tamper with human life? It would seem that some legislation looking to the correction of this state of affairs is imperatively demanded to weed out, if such a thing be possible, the horde of impostors which infest the State. Of what value, it is asked, would statistical information be when derived from such sources?

There is some ground for congratulation in the work of the last General Assembly. Two important laws will be placed on the statute books—one to regulate the practice of pharmacy and the other entitled an act to prevent unprofessional conduct in the practice of medicine. The former act is said to be satisfactory to the extent that it is a long stride in the right direction. There can be no question in regard to the wisdom of the law. It is unsafe to allow unskilled and untaught persons to compound prescriptions, and dispense dangerous drugs, the doses and effects of which they have no knowledge. Pharmacists literally have the lives of the people in their hands. An error made in any other vocation may result in some temporary inconvenience, but a mistake by a

druggist may everlastingly fix the destiny of the patient. The same remark applies with equal force to the physician.

Of the other act, though it is one of general application, is intended for the correction of an evil nearly local, which has its habit in this city. So brazen is the effrontery, so insufferable the audacity of the professional sharks here referred to, who ply their nefarious trade, through cappers, drummers and infamous deceptions, that they have become almost as notorious and perhaps as criminal as the brigands of the mafia. It is a blot upon the fair name of the State and it is devoutly to be hoped that the enforcement of the law will purge society of these unscrupulous pests.

To Dr. Williams, the Representative from Washington county, to Dr. Moore of Chicot, to Col. Rector, the distinguished Speaker of the House, and Representative from this city, and to Dr. Clements of the Senate are due the thanks of this Society, and of all fair-minded and honorable men, for their efforts in obtaining this much-needed legislation.

My immediate predecessor, in his address, recommended the establishment of a medical journal, to become the organ of the Society. The Committee on President's Address concurred in the suggestion, and the entire matter was relegated to a committee of five. This committee placed in managerial charge your accomplished Secretary. How well and faithfully he has conducted the new enterprise, an examination of any current number will attest. It is printed on fine paper, the type new and clear, and the editorials are most creditable. The JOURNAL is now upon a firm financial basis, having reached the tenth number, with all bills paid and no debts contracted. Being a creation of the State Medical Society, it should secure the moral and financial support of all its members, each of whom should feel a personal interest in its success, and by contributions of papers upon medical topics, and reporting cases in practice, will much enhance its value and increase its usefulness. If it becomes as widely circulated as it deserves to be, it can be made the medium of bringing to the notice of the profession the classical features of diseases peculiar or

common to the State. As a means of publishing the transactions of the Society, the journalized form is far more satisfactory than the old plan followed through so many years.

In imposing the editorial management upon the Secretary, his duties have been multiplied, and as the JOURNAL is already nearly self-sustaining, some steps should be taken to secure to the editor compensation commensurate with the amount of labor performed.

Article I, Section 5, of the Code of Medical Ethics, provides, among other things, as follows: "It is derogatory to the professional character for the physician to hold a patent for any surgical instrument."

This section doubtless had its origin in an enlarged benevolence. The intention was good and was not intended to operate as a hardship upon anyone.

Physicians and surgeons are the inventors of surgical instruments, and they are the sole consumers, and while they cannot, under the code, derive any benefit from their inventions by patent rights, they are compelled in the present state of trade to purchase them at maximum prices. Their work and inventive genius does not help the poor nor themselves, but on the contrary goes to enrich the instrument maker.

Ask the proprietor of any small drug store, who does not carry in stock instruments to the value of five dollars, to order certain instruments for you. He will write the order on one of his letter-heads, and thus making himself known as a druggist and in the trade, he will obtain a discount from catalogue prices larger than it is possible for any physician to obtain.

In this day when the ingenuity of man is estimated to the utmost in the evolution and production of labor-saving machinery, and this machinery is distributed all over the civilized world in the various arts and industries, the number of injuries requiring the use of surgical instruments has increased a hundred fold. The number of diseases which come within the domain of modern surgery has been greatly augmented.

In order to successfully execute these various operations a great number of instruments, wonderful in ingenuity and design,

have been invented. There are not less than one hundred thousand physicians in this country who, to a greater or less extent, make use of these instruments and vast quantities are required in the eleemosynary institutions of our large cities and thousands of suffering people, rich and poor alike, yearly require the use of instruments of some kind, either for the eradication of disease or the correction of deformities. There are probably thirty or forty manufacturers of instruments who are the exclusive beneficiaries of this large and, to a certain extent, unnecessary outlay of money. The workmen who make them are for the most part foreigners, brought to this country from Germany for this express purpose. There is a remedy for this state of things which can be had, it is thought, in concerted action on the part of the medical societies of the country. Surgical instruments can be purchased in Europe at from 50 to 75 per cent. cheaper than in the United States, but owing to the protective tariff cannot be sold here cheaper than those of domestic manufacture. It is suggested that the subject be brought to the attention of the American Medical Association and to our Senators and Representatives in Congress with the view of having the duty removed.

In conclusion, let me indulge the hope that your deliberations may be harmonious, interesting and profitable, and that the results of the Sixteenth Annual Meeting of the State Medical Society may redound with credit to the profession of the State.

A Case of Tumor of the Cerebellum---History, Diagnosis, Treatment, Autopsy.

BY J. S. SHIBLEY, M. D., PARIS, ARK.

[Read in the Section on Practice, at the Sixteenth Annual Session, Hot Springs, April 29–May 1, 1891.]

The patient, C. F. W., was a strong, vigorous man, 5 feet 8 inches high, weighed 160 pounds, of light complexion, auburn

hair and brown eyes, and 48 years old at the time of his death. He was married and the father of ten children, nine of whom are living and healthy, but one died in infancy of pneumonia. His occupation was that of a merchant till the last five years of his life, which he spent on a farm, being unfitted for business by frequent and severe headaches.

In August, 1887, he first began to have vertigo. During 1888 he continued to work on his farm, but suffered much from headache and vertigo. By the spring of 1889 his vertigo had become so great that he fell several times in the field; and in June he was compelled to give up work. July 8, 1889, he came under my care. At this time he had constant headache, especially severe in the morning, continual vertigo and frequent diplopia. He was liable to sudden and frequent exacerbations of the vertigo, during which he would fall to the ground and have some slight muscular twitchings. These attacks lasted only a minute or less, and recurred almost daily, sometimes several times a day. He stated that he did not lose consciousness, but as he was not able to speak during the attacks it appeared doubtful whether consciousness was retained. There was also obstinate constipation, some difficulty in voiding urine, and every few days vomiting spells provoked apparently by overfeeding. The appetite was unimpaired. Nutrition was below the standard of health, the patient having lost somewhat in flesh during the last few months.

Large doses of the bromides of potassium, sodium and ammonium, with small portions of atropia and Fowler's solution, were prescribed for the vertigo, and cascara and hydrochloric acid with regulation of the diet for the digestive troubles. A month of this treatment yielding no improvement, I accompanied the patient to Fort Smith, Ark., and consulted Dr. George W. Smith, specialist in diseases of the eye and ear, by whom, in conjunction with the late Dr. C. McReynolds, the diagnosis was made. Eye and ear diseases were excluded by careful examination of those organs, and disease of the kidneys by the constant normal condition of the urine. The symptoms were too severe to be caused by the digestive

troubles, which were of secondary importance. The question of diagnosis was thus limited to the consideration of locomotor ataxia and intracranial tumor. The former was favored by complete absence of the patillar reflex, by the presence of reflex irido-pligia, by the gastric crises and the bladder trouble. It was negatived by the absence of lightning pains and constricting belt sensations. The Romberg sympton was not available for diagnosis, for while the patient was unable to stand steadily with his eyes closed, neither could he do so with them open. The gait, moreover, while exhibiting some inco-ordination lacked the peculiar stamping characteristic of ataxia, and indicated rather a loss of the sense of equilibrium. In favor of tumor was the persistent and atrocious headaches and a slight paralysis of the right side of the face. The vertigo and diplopia might with equal propriety be referred to either condition, as might also the digestive and urinary troubles. The paroxysmal attacks were considered to be of the nature of petit mal and to favor tumor, which on the whole seemed the most probable diagnosis.

But little could be learned as to the probable site of the tumor from the location of the pain, which was at one time frontal, at another occipital or again vertical. However, the absence of paralysis or spasm of any of the limbs showed the exemption of the centers governing them, and the disturbance of the function of equilibration pointed to cerebellar trouble, which might also account for the absence of knee jerk and the presence of the Argyle-Robertson pupil, through the close connection of the cerebellum with the posterior columns of the cord. The paralysis of the right side of the face was thought to favor left side tumor; and the diagnosis of tumor of the left lobe of the cerebellum was made, and an unfavorable prognosis given.

The patient was put on the use of large doses of iodide of potassium and ergot, which were pushed to the limit of toleration without benefit. A month later the bromides were resumed and continued with the iodide and ergot for nearly a year, with some mitigation of the severe headaches. Cannabis

indica, ten drops of the fluid extract thrice daily, gave some relief of pain. Morphia was tried for the same purpose, but had to be abandoned on account of the retention of urine which it caused. The constipation was little amenable to purgatives, and was best relieved by large lavements of warm water. The appetite was good and nutrition was tolerably well maintained, notwithstanding frequent loss of food by vomiting. However, with brief periods of temporary improvement, the patient grew steadily worse, the vertigo, diplopia, petit mal, vomiting and constipation increasing in frequency and severity until July 26, 1890, when, after a vertiginous seizure of more than ordinary severity, he lay unconscious for several hours. He was, after that date, confined to bed, being unable to walk or even to sit, unaided, without danger of falling. Mastication became imperfect and deglutition difficult on account of paresis of the muscles concerned in those acts. Articulation was thick and indistinct. These paretic symptoms may have been due in part to a rigidity of the voluntary muscles, which was present, and which became well marked as the case approached its fatal termination. Vomiting of the cerebral type—unpreceded by nausea—was so frequent that most of the food ingested was lost. Incontinence of urine replaced the retention, and the reason failed notably. The seizures of petit mal were frequent and followed by periods of coma, so that a considerable portion of the time was passed in unconsciousness. During the months of August and September the temperature was always one or two degrees below normal, the pulse small and weak, and, considering the debility, relatively slow. The breathing was slow, averaging about 10 per minute, irregular and intermittent, sometimes approaching the Cheyne-Stokes type of respiration. The patient gradually failed in flesh and strength, with little complaint of pain, till the latter part of October, when some elevation of temperature was observed, which passed into a low grade of fever, 101 Fah., and death closed the scene November 11, 1890.

At the autopsy, next day, by Drs. W. B. Deffenbaugh and W. H. Butler, in the presence of Dr. E. L. Harley and the

writer, only the cranial cavity was examined. The dura mater was very thick and firm throughout. There was slight adhesion of the layers of the arachnoid over the superior part of the cerebrum, which became firmer at the base, where a white fibrinous exudate was found. The vessels of the pia mater were somewhat injected, especially on the left side. Half an ounce of clear scrum was found in the right lateral ventricle, somewhat less in the left. The cerebral substance was firm and appeared healthy. Beneath the tentorium, and firmly attached to the petrous portion of the right temporal bone, was a fibro-cystic tumor, impinging upon and partly imbedded in the right lobe of the cerebellum. The fibrous part was very firm, pyramidal in shape, with apex directed backward, and base attached and measured one and one sixteenth inch in its lateral diameter, and one and one-quarter inch in the antero-posterior diameter. The cystic portion lay behind the fibrous, and measured two and one-quarter inches laterally, and one and seven-sixteenth inch antero-posteriorly. There was considerable congestion in the immediate vicinity of the tumor, otherwise, the cerebellum and its membrane appeared healthy.

The autopsy verified the diagnosis except that the tumor was found on the right side instead of the left. The paralysis of parts supplied by the right facial nerve, was probably caused by pressure on that nerve at the point where it enters the internal auditory meatus.

The tumor could not have been removed during the life of the patient, for beside its inaccessibility, the adhesions were so firm, that the inferior petrosal sinus was ruptured during its removal *post mortem*.

The Disease Has Settled in the Limb: An Expression of the Laity.

BY W. B. BARNER, M. D., NASHVILLE, ARK.

[Read at the Sixteenth Annual Session of the State Medical Society of Arkansas, held at Hot Springs April 29–May 1, 1891.]

Often upon inquiry concerning a crippled member, we get the answer that the disease, usually the fever, "settled in the limb." Such an expression is common among the laity, and clinically speaking, is not far wrong. It is one the significance of which has stumped me more than once, and when we hear the term used it is well to have in our minds an index of its meaning, as it will be of practical utility.

Upon examining such a limb we will find exemplified in it one of the following conditions: either paralysis, phlebitis alone or in conjunction with cellulitis, synovitis or arthritis, or periostitis.

In the summer of 1887 I treated Maude T., æt. one and one-half years, a white child of good parentage, for trouble connected with dentition. Finally, after one of her attacks of fever, which had been mild and of short duration, my attention was called by the mother to paralysis of one arm, and I was asked if the "fever had not settled in the limb." The paralysis disappeared in a short time without any especial efforts for its relief. This was an instance of reflex paralysis, and such are usually local and of short duration.

I now have under observation Charles L. White, æt. 12 years, of strumous history. The father gives the following account: In June, 1890, the boy had a severe attack of illness, lasting about fourteen days, and pronounced at the time by the physician a case of fever. The temperature ran as high as 104, he was delirious most of the time, and there was a tendency to keep the head drawn back. At the end of a week there occurred a convulsion followed by paralysis, and the fever subsided in a few days after. At first there was paralysis

of the right side of the face and left side of the body, both arm and leg. The paralysis now is chiefly of motion, and is confined to the left arm, and especially the muscles supplied by the muscalo-spiral nerve, that is, the extensors. But the muscles of the entire arm are undergoing atrophic changes. The muscles do not present the phenomena called the "reaction of degeneration" (loss of irritability in the nerve to both currents, loss of or diminished irritability of the muscles to the faradic and increase to the voltaic or galvanic), which is almost proof of a central origin of the trouble. To my mind it was a case of cerebral inflammation involving the motor areas of the cortex, and also the medulla-oblongata, otherwise we would be at a loss to account for the "cross paralysis."

We are all familiar with the fact that paralysis occurs with or as a sequel of diphtheria. This disease is classical and does not especially occupy a place in our present consideration. We should also, however, be familiar with its occurence after other acute affections. The following is from an article in Quain: "It is necessary to call attention to the fact that paralysis in various forms and degrees occurs associated with or as a sequel of typhoid fever, relapsing fever, cholera, dysentery, small-pox and pneumonia; and in all they are attributed by Gubler and others to an essential similar state incident to most fevers and acute diseases. Though their course and phenomena present points of difference they have common fundamental characteristics, namely: They seem all to be as a rule of peripheral origin; they all manifest a natural tendency to recovery, and when they become protracted, they are apt to become permanent from atrophy of the muscles, caused by long disease."

I now have under observation the following case: Mr. A, farmer, aet. 25 years, white, of strong build and constitution. He came to me six months ago complaining of disability in the left leg, and said that the "fever had settled in his leg." It was found that the trouble had developed several months previously during the course of a severe attack of typhoid fever. He said he suffered intensely at the time.

The limb was at least one-third larger than normal its entire length, the temperature was increased, and the integument from knee to ankle presented a dark color. There seemed to be much fluid in the cellular tissue, but upon introducing a hypodermic needle at several very soft points I failed to get fluid. The superficial veins, as well as the femoral, could be distinctly outlined. From the appearance of the skin on the outer portion of the shin and leg, there would soon have been ulceration or sloughing. The disease evidently began as a phlebitis, but in time became also a cellulitis. He has almost entirely recovered under treatment by elastic compression and the galvanic current. This condition must not and cannot well be mistaken for the passive œdema of the lower limbs that otten follows in the wake of protracted illness. To the once very eminent author and practioner, Dr. Tweed, of London, belongs the credit of first describing this condition. He considered it solely a diffuse cellutitis, and says that sometimes, but rarely, it proceeds to suppuration. He also says: "One of the most frequent causes of phlebitis is indubitably the existence of ulcers, either on the surface of the body or in its interior, as in the bowels, uterus, etc. In the article on venous inflammation in Quain, it is stated that endo, or adhesive phlebitis, is especially common in the last stages of exhausting diseases, as phthisis and as a complication or sequel of the acute specific fevers.

In January, 1887, I treated the following case: Luther W, aet. 18, white, and of strumous family. He had a severe and protracted attack of catarrhal pneumonia advancing to suppuration within the air cells. As a sequel he had synovitis of the hip joint, and always expressed it that the "disease settled in the joint." He went on crutches for several months, but finally recovered without suppuration in the joint. Such a synovitis might readily become a destructive arthritis. In the article in Quain, on the aetiology and pathology of joint diseases, it is stated that joint inflammations are of common occurrence in all kinds of fever, and also as sequalae of the exanthemata. I have never chanced to meet with an ex-

ample of periostitis as a result of fever, but am constantly expecting to do so.

I will close these hastily-prepared remarks by another quotation from that never failing fountain of medical knowledge, Quain's Dictionary: "That a peculiar form of periostitis is occasionally observed as a sequel of typhoid fever," and then follows a description of this form of the disease.

The State Society.

SEC. 3. *The Judicial Council, consisting of nine members, shall consider all ethical subjects, all questions of a personal character or controversy, including complaints and protests, which may be referred to it. The Council shall organize by choosing a President and Secretary, and shall keep a permanent record of its proceedings. It shall report to the Society at the earliest practical moment, and* ITS DECISIONS SHALL BE FINAL AND BINDING UPON ALL PARTIES.—[*Art. IX, Constitution.*

Business Notice.

The ANNUAL DUES should by paid *at once*, and thereby avoid the labor and delay incident to a failure to promptly transmit the amounts due. The office of Treasurer is a thankless one, and yet that office has had to bear the ill-feeling and even discourtesy of a few members, on account of his conscientious efforts to do his duty as an officer of the Society.

Last year all dues previous to 1890, were remitted by the Judicial Council. Nearly all the members paid their dues during the year, but a number did not remit them and have not resigned. It is presumed they desire to retain their membership. The officers have no authority to accept resignations, and it is urged upon all members to promptly remit their dues to the Treasurer, Dr. A. L. Breysacher, Little Rock.

The following is extracted from the Treasurer's report:

MR. PRESIDENT: In connection with the receipts and disbursements herewith submitted, I desire to make the following statement and recommendation:

It will be remembered that at the last session a decision of the Judicial Council remitted all dues prior to the year 1890. As the Society had determined to publish a medical journal, it was expected that its financial resources would be taxed to the utmost; therefore, to collect as much of the dues as possible, I set about it in a business-like manner, first notifying the delinquent members of the action of the Society, and requesting them to remit their dues as soon as possible. A number of the members responded promptly, but still leaving a large number who failed to pay. To the latter I sent polite notes, making a second request for payment of their dues, and notifying them that unless the same were paid within a specified time, I would avail myself of usual business methods and draw on them at sight, at a specified date, for the amount due.

Many paid the drafts promptly; but I regret to have to state that others seemed to take it as a personal affront and wrote discourteous notes to me, or made insulting remarks to the banks' agents. I have been unable to collect from the following members.* If desired, I will read from my journal the names of the delinquents.

I would respectfully recommend that the Society enact a more stringent law for dropping members for non-payment of dues, and make a constitutional provision against remitting delinquent dues. The remitting of dues every few years has a decided tendency to make members neglect to pay for several years, with the expectation of having at least a part of their indebtedness remitted. This practice is a marked injustice to those who pay their dues annually, or their back dues when they permit them to accumulate. I have to ask the Society to give me explicit instructions respecting collections of dues hereafter, as I do not desire to be the recipient of the ill-will of my

*The names are withheld for the present.—[ED.

fellows while my only offence is an endeavor to faithfully perform the duties pertaining to the office of Treasurer.

A. L. BREYSACHER, M. D.,
Treasurer.

ANY MEMBER WHO FAILS TO PAY HIS ANNUAL DUES for two years shall be notified by the Secretary to appear before the Judicial Council at the next meeting of the Society, and failing to appear or make adequate defense, shall be dealt with by the Society in accordance with the decision of the Judicial Council.—[*Constitution.*

The Officers.

Dr. J. S. Shibley, President; Dr. J. C. Minor, First Vice President; Dr. J. R. Autrey, Second Vice President; Dr. R. M. Drummond, Third Vice President; Dr. C. E. Nash, Fourth Vice President; Dr. L. P. Gibson, Secretary; Dr. E. R. Dibrell, Assistant Secretary; Dr. A. L. Breysacher, Treasurer; Dr. R. B. Christian, Librarian. *Section on Practice:* Dr. J. W. Hayes, Chairman; Dr. G. W. Hudson, Secretary. *Section on Surgery:* Dr. J. D. Southard, Chairman; Dr. M. G. Thompson, Secretary. *Section on Gynecology and Obstetrics:* Dr. W. W. Hipolite, Chairman; Dr. J. S. Corn, Secretary.

The Minutes.

Neither the editor of THE JOURNAL, the Secretary of the Society nor the *ex-officio* Chairman of the Committee on Publication has had sufficient time to prepare for insertion in this number of THE JOURNAL the minutes of the recent meeting. The publication of the proceedings will be begun in the next number and continued until finished.

Next Place of Meeting.

Little Rock was selected as the next place of meeting, and the designation of the time of meeting was left to the discretion of the Secretary.

Items.

—All of the members bathed—in water.

—There was some comment about the absence from the meeting of many of the resident physicians.

—It would be more difficult to name the next President of the Society than to tell who the next three will be.

—Ex-Presidents Hart, Jennings, Bentley and Keller were present. It is presumed the other ex-Presidents were "*unavoidably* detained by circumstances over which they had no control."

—Hot water was the favorite drink. The truth is the good things to eat were so numerous and so inviting that there was hardly room for water, and it was only sparingly taken as a digestive aid.

—Dr. T. B. Taylor of St. Louis was extended the courtesies of the floor. He was at Hot Springs, in the interest of the "Medical Mirror" of St. Louis, and made many friends among the Arkansas doctors.

—The waters of the Hot Springs are noted the world over for their propensity to overcome the longing for alcoholic stimulants and tobacco, and yet there are about five saloons and cigar stands for each spring.

—Dr. J. T. Jelks, Chairman of the Committee of Arrangements, was untiring in his efforts to please everybody in every particular and at all times. He well deserves the praises that were so often privately as well as openly bestowed upon him.

—The next session of the Society will be held two days. With a three days' meeting, about half the members don't arrive before the second day, and those who arrive on the first day, leave on or before the third day, so there is but one day when the session is full.

—The Society was honored by the presence of Dr. T. J. Crofford of Memphis, who read an excellent paper in the Section on Gynecology. Dr. Crofford is editor of the Memphis Journal of Medical Sciences, and Professor of Physiology in the Memphis Hospital Medical College.

—By an oversight, the leaving time from Memphis of the Iron Mountain trains was omitted in the time table published last month. From the fact that a number of members attended by that route, it is apparent that the Bald Knob Branch, as it is called, is very popular with the doctors.

County Societies.

[Proceedings of County Societies are requested for publication in this department.]

Sebastian County Society.

[Stated Meeting April 14, 1891.]

The regular monthly meeting of the Sebastian County Medical Society was held April 14th, at the office of Dr. Moulton.

Drs. Wright, Gardner, Moulton, Hatchett, Eberle, Epler, Thompson and Southard were present.

The question as to the regular time for meeting, that had been laid on the table two meetings previous, was taken up and discussed. It was moved and carried to meet monthly on the second Tuesday.

The Committee on Resolution of Respect for the late Dr. Shipley reported as follows :

RESOLUTIONS.

WHEREAS, God in His all-wise providence has taken our friend, Dr. J. L. Shipley, to himself.

WHEREAS, Dr. Shipley was an active member of the Sebastian County Medical Society and by his integrity as a man and ability as a physician had won the esteem and affection of his confreres; therefore, be it.

Resolved, That in the death of Dr. Shipley the Sebastian County Medical Society has suffered an irreparable loss.

That we extend our hearty sympathy to his sorrowing wife and children.

That these resolutions be spread upon a memorial page in the records of the Society, and copies be sent his friends and be printed in the daily papers.

BIOGRAPHY.

John L. Shipley, son of S. H. and S. J. Shipley, was born March 17, 1857, at Cane Hill, Washington County, Arkansas. At the age of 19 he entered Cane Hill College, graduating June 14, 1879, at the age of 22. During vacations he taught school, thus obtaining the means to educate himself. He was a consistent member of the Cumberland Presbyterian Church, serving as elder for a number of years.

In February, 1880, he moved to Glen Rose, Texas, where he was employed as assistant teacher in the Paluxy College. August 24, 1884, he married Miss Mary McNabb, of Enterprise, Arkansas. Returning to Glen Rose he was elected President of Paluxy College on September 15, 1884. September, 1885, he moved to Veal Station, Texas, where he taught school until February, 1886. At this time he commenced the study of medicine, reading under Dr. Akard, of Springtown, Texas, for eight months. In the fall of 1886 he attended his first course of lectures at the Missouri Medical College. He practiced his profession at Kully Chaha, I. T., for two years.

In 1888 he returned to St. Louis and graduated from the Missouri Medical College. He then practiced at Enterprise, Ark., until August, 1890, at which time he moved to Cavanal,

I. T., built himself a comfortable home and practiced medicine. An attack of la grippe laid the way to a fatal pneumonia. He died March 16, 1891, in the hope of a bright immortality. March 17th the Sebastian County Medical Society laid him to rest, Dr. McElvane officiating.

Upon motion, the report was accepted and the committee discharged.

The following gentlemen were appointed delegates to the State Medical Society meeting to be held at Hot Springs, April 29th: Drs. Hatchett, Eberle, Moulton, Hynes, Southard and Gardner. Alternates: Drs. G. W. Smith, W. W. Bailey, Wright, McConnell and McGinty.

Dr. Moulton read the report of the Committee on Ophthalmology, etc. Dr. Eberle, essayist for the evening, presented a very instructive and interesting paper upon measles. All the members present discussed the essay, each compliimenting the writer for the excellent paper presented. Dr. Gardner reported an interesting case of enteritis, hepatic abscess, etc. Drs. Hatchett, Eberle, Thompson and Wright also reported cases of interest from their practice. Dr. Foster was appointed essayist for the next meeting. The Society adjourned to meet at the office of Dr. Gardner the second Tuesday in May.

B. HATCHETT, *President.*

E. G. EPLER, *Secretary.*

Marion County Society.

And here comes the glad tidings from Dr. A. J. Brewer, formerly of Mountain Home, Baxter County, but now residing at Yellville, Marion County, that Marion County has a first-rate Medical Society, which, in conjunction with the Baxter County Society, constitutes the Marion and Baxter County District Society. In a recent letter to the editor, Dr. Brewer says:

"We have a well-organized Medical Society in this, Marion County, and a Society in Baxter, who recognize the benefits of organized medicine. But we can't send a delegate out of the

mountains. No public conveyance—and a doctor has to be gone so long from his practice that it works a hardship financially and professionally. I want the State Medical Society to know we have a District Medical Socicty, composed of Marion and Baxter Counties, that meets regularly every three months. Dr. F. L. Brewer is President, and Dr. J. J. Morrow, Secretary of the District Medical Society."

Just think of it! Ye men of "bad roads and numerous streams" counties! Away up in the Counties of Baxter and Marion, where the hills are so steep that, it is said, on the sides of some of them the farmers have to stand on their heads to keep the corn from running out of their pockets, there are County and District Societies.

Recently, the writer met an educated old gentleman who had seen better days, in a financial sense, who was terribly disgusted with his surroundings, and was either going to change them or go to a better place. He said he was used to living in a country where he heard the church bells on Sunday, and saw the children passing back and forth to school on week days. If he could not get a church and school house in his neighborhood, he was going to move out of it, and into a far-off and more congenial country. He is commended to Marion and Baxter Counties. Would that Arkansas doctors outside of Medical Societies had the same spirit with respect to medical organization.

Sevier County Society.

The Sevier County Society sent her first delegate to the State Society at the meeting just held. If that delegate be a representative of the other members of his Society, there will always continue a good organization in the County of Sevier as long as such men live there. Dr. Ferdinand Smith of Lockesburg was the Society's representative, and was made Chairman of the Nominating Committee.

The Present Outlook.

The present view of the County Society problem is decidedly optimistic. Much has been accomplished and in unexpected quarters since the meeting of the Society one year ago. The existing Societies are in better condition and new ones have been organized on good foundations. The work of THE JOURNAL will be directed more than ever during this year to the local organizations. The roll call of counties commenced some time ago will be resumed in the next issue and the physicians of every county will have an opportunity of being heard on the subject.

Pharmacy.

[Devoted chiefly to the interests of the Arkansas Association of Pharmacists under the direction of their President, Mr. W. W. Kerr, Batesville, Ark., to whom all communications relating to this department should be addressed.]

Valedictory Address.

BY DR. JOHN B. BOND.

[Before the Graduating Class of the Medical Department, Arkansas Industrial University, April 2, 1891.]

LADIES AND GENTLEMEN: It is my pleasant privilege to appear before you tonight representing the Faculty of the Medical Department of the Arkansas Industrial University.

The annual commencement exercises of this institution are occasions of great pride to its promoters. These exercises have always been graced by the presence of the intellect, the culture and the beauty of the city. The Faculty are much gratified that the present occasion forms no exception to the rule.

On behalf of the Faculty and the promoters of the College, permit me to assure you that your kind interest, so forcibly and continuously expressed, is a source of great gratification to us. To feel that our labors are appreciated at home by those who know us best, nerves our arm for future conflicts.

It seems appropriate that I should here direct your attention to some of the results accomplished by the efforts put forth to establish a first-class medical college in Little Rock. The total enrollment of students to this dtate is 622. This means that an average of fifty-seven young gentlemen have sojourned in our city about five months of each year since 1880. It means also that aside from adding to the social, educational and political importance of Little Rock, we now add annually something near $25,000 to the commercial interests of the city in the way of the annual disbursements by our students.

May we not refer, also, with pardonable pride, to the elegantly equipped College building erected by us during the past winter. An examination of this structure will demonstrate the fact that it is in all regards a model building for its purposes. Nothing has been omitted in its construction to make it a perfectly appointed college. Have we not a right to augur brightly for the future of this enterprise, when it appears that from seventy-five to one hundred gentlemen, representatives of the best families of our State, now annually throng our lecture halls? Throughout the length and breadth of our State, and even within the borders of adjacent States the gratifying proposition is successfully established, that it is no longer necessary to go beyond Arkansas in order to secure all approved facilities for obtaining a thorough medical education. For much of this flattering success the promoters of the College feel indebted to the cordial support of their professional brethren throughout the State, and particularly those of this city.

Gentlemen of the Graduating Class—The honor has been conferred upon me to give to you, on behalf of the college Faculty, the parting address, and to convey to you in formal language their hearty congratulations on the honorable

completion of your labors. This I do most earnestly and gladly.

The time-honored custom on these occasions would justify me in giving you, at this point, a column or two of advice, and as every doctor feels competent to give advice, I assure you the temptation to me is very great. For once, however, there will be a departure from the regular order. The fact is you have had advice sandwiched in with anatomy, surgery, practice of medicine, and even with chemistry, for two or three long years, and tonight, in the hour of your well-deserved triumph, I shall forego the greatest of all pleasures—that of advising—in the firm belief that the custom will be more honored in the breach than in the observance. Instead of this I shall address you, though very briefly, upon a question to which your attention may not have been directed by any of your recent teachers, and as I shall content myself with merely outlining the subject tonight, I ask you to give it consideration when you take up, in your leisure, the study of the history of your profession with its collateral branches. I propose then to call your attention for a few moments to this proposition:

Modern Pharmacy is Entitled to be Ranked as a Profession, or, to speak accurately, as an integral part of your learned profession, if you please. It is hardly to be expected that those proud, old-fashioned lawyers, those learned, dignified and aged divines, and least of all those punctilious, sometimes arrogant, but nevertheless most worthy physicians whose professional lore antedates the middle ages, and whose diplomas were granted by the medical princes of half a century ago, will consent without a struggle that their close professional realms shall be invaded by parvenus of the last decade or two, or that the hoary professions of law, medicine and theology shall be supplemented by any rival claimants.

Far be it from me to play the part of the iconoclast. Far be it from me to detract, even by a straw's weight, from the honors and privileges that rightly inure to those grand old professions, but gentlemen, the world moves. Knowledge, science and art will not consent to be "cribbed and confined," and

willingly or reluctantly those old-time liberal professions must make room on the platform for some new aspirants for professional honors.

What is it that constitutes a profession? Webster defines it to be "an occupation; not mechanical, agricultural or the like." Worcester says, "a calling, vocation or occupation requiring a learned education." Does the practice of pharmacy require a learned education? Let us see what it is to be a pharmacist in the full signification of the term. A pharmacis is one who is versed in the identification, collection, preservation and preparation of drugs, chemicals and medicinal agents, whether of the vegetable, mineral or animal kingdom. To be a pharmacist, therefore, one must be learned in the sciences of Botany, of Chemistry and of Materia Medica, and in addition to this he must be skilled in the art of so manipulating the crude agents as best to extract and preserve the useful medicinal principles, and to reject the inert and frequently poisonous principles. You will, I think, admit that the possession of learning so exact and varied as here indicated would at once stamp the possessors as fully meeting the requirements of the definition and would admit them into the charmed circle of the "learned professions."

It is but proper, however, to apply further tests to their claim. I will call your attention then to a few considerations:

1. The literature of the claimants.
2. Their institutions of learning.
3. Their scientific societies and published transactions.
4. Individual representatives of the vocation.
5. The recent official recognition accorded by the medical profession.

I have not at this time access to any list of periodicals published solely in the interests of pharmacy in the United States. It is safe to say, however, that excluding those journals chiefly concerned with the commercial side of the drug trade, there are not less than fifteen monthly periodicals published in the United States in the interest, mainly, of the profession of pharmacy.

The editorials and scientific papers appearing in these journals will compare most favorably with similar papers published by the medical, or, indeed, any other profession, in any land. The permanent works treating of the sciences of Botany, Chemistry, and Materia Medica, as well as of the theory and practice of pharmacy, written by pharmacists of Europe and America, would make a very large library. These works are accepted as "authorities" by all inquirers everywhere.

I may refer, in this connection, to a few of the leading works by pharmacists:

"General, Medical and Pharmaceutical Chemistry," by John Attfield, Ph. D.; "The Manual of Elementary Chemistry," by George Fownes, Ph. D.; "Medical Chemistry," by J. U. Lloyd, Ph. D.; "The Practice of Pharmacy," by Edward Parrish, Ph. G.; "The Practice of Pharmacy," by J. P. Remington, Ph. G.; "The Science and Art of Pharmacy," by C. Lewis Diehl, Ph. G.; "College Botany," by E. S. Bastin; "Organic Materia Medica," by J. M. Maisch, Ph. G.; Manual of Chemistry," by William Simon, Ph. D.

I might fill pages with the names of standard works teaching the science and the art of pharmacy and pharmaceutical chemistry, but it would weary you and is surely unnecessary.

Before passing from this view of the question, however, it is proper to refer to the authorship of the Pharmacopœia. This book, you know, is the official list of all medicines recognized by the medical profession, together with the mode of their preparation. It is therefore especially and particularly the physician's book, being a description of the most important and valuable weapons that he uses in his daily conflict with disease. You would suppose that, as a matter of course, such an important book would be written and formulated by physicians; and so indeed it always has been until a comparatively recent period. In the year 1618 the College of Physicians of London issued their first Pharmacopœia, "for the purpose of controlling the apothecaries in dispensing medicines." This work was revised by the physicians alone at various times during the succeeding two centuries. The first

"British" Pharmacopœia was published in the English language in 1864, but gave great dissatisfaction, mainly because the majority of the compilers were not familiar with the practice of pharmacy. So unpopular was this work that the General Medical Council of Great Britain ordered another revision in three years, and on the committee to do this work several eminent pharmacists were elected, and now we are informed that in every European nation the pharmacal profession is well represented in this important labor.

In our own country, the first United States Pharmacopœia was published by the physicians alone in 1820. It was revised and republished by them in 1830, but as early as in 1840 the physicians in charge of the work accepted a complete revision of their Pharmacopœia tendered them by the Philadelphia College of Pharmacy, after which time the pharmacists of America have been represented on the Committee of Revision in a rapidly increasing ratio. In 1880 the committee consisted of eleven physicians and fourteen pharmacists. The committee of 1890, yet pursuing their labors, consists of nine physicians and sixteen pharmacists, supplemented by an eminent medical teacher and author as ex-officio chairman. You see from this action of the medical profession in America what that learned body accords to the pharmacists.

The United States Dispensatory, also, that standard and indispensable volume to the physicians, is edited conjointly by one physician and two pharmacists.

In further demonstration of my proposition, I now ask you to consider the educational institutions of pharmacy in the United States alone. There are, I believe, seventeen separate colleges of pharmacy in the United States, besides "departments" for pharmaceutical education in several universities. In each of these institutions you will find the sciences of Botany, Materia Medica, Chemistry and practical Pharmacy are very thoroughly taught by gentlemen as learned and scholarly as can be found in any profession in any country. I respectfully submit that these institutions of learning alone are sufficient to stamp the vocation taught in them as a "learned profession."

Thirdly, I refer to the societies for the promotion of scientific knowledge that are found among the pharmacists. Thirty-nine of the States and Territories of the Union have each a State Pharmacal Society, composed of the leading pharmacists of the State. Each of these societies hold annual sessions, varying from three to six days, at which scientific papers are read and scientific topics discussed. It is very rare at these meetings to hear the commercial interests of pharmacy mentioned. Besides these State societies, there is the great central society, the American Pharmaceutical Association, exactly similar to the American Medical Association, with a membership of about 1400 pharmacists from all parts of the United States. The scientific papers, reports and debates of this Association make an annual volume of transactions of some 800 pages, which will compare favorably with those of any learned body anywhere.

If further evidence in support of our proposition was necessary, it may be found in the persons of hundreds of prominent pharmacists throughout the country. I might be pardoned for mentioning the names of a few of these eminent men but for the fact that there are scores of others whose learning would well warrant the mention of their names in the same connection.

Look at the names of the revisers of your pharmacopœia, the authors of your dispensatories, or your works on botany and chemistry, the editors of the pharmacy journals and the teachers in the various colleges of pharmacy; you will at once recognize them as men eminent for their learning, whose reputations are world-wide.

Lastly, I point to the recent official recognition accorded to the profession of pharmacy by the time-honored medical profession itself.

Action in this direction has been under consideration by the American Medical Association for several years, and at the last session of that learned body, held at Nashville, Tenn., in May, 1890, the matter was consummated by the unanimous adoption of the report of the committee recommending the

formation of a new "section," to be entitled, "the Section of Materia Medica and Pharmacy," to have the same privileges of the other sections of the American Medical Association.

At the annual session of the American Pharmaceutical Association, held at Old Point Comfort, Va., last September, the following invitation was telegraphed by the eminent Chairman of the new section of the Medical Association:

"In conformity with the action of the American Medical Association at Nashville, Tenn., your Association is invited to send delegates to attend the meeting at Washington, in May, 1891.

FRANK WOODBURY, M. D., *Chairman.*"

Whereupon the President of the American Pharmaceutical Association appointed twenty-five representative pharmacists to meet with the Medical Association, where they will, no doubt, do credit to themselves, and honor to their profession, in the important duty assigned them.

As with the practice of law, and the practice of medicine, there are now upon the statute books of nearly all the States, laws prescribing educational qualifications as a prerequisite to the practice of pharmacy. While some of these laws seek to control, at least in part, the sale of crude drugs, they, for the most part, deal only with the professional side of the vocation, by restricting the practice of pharmacy to qualified persons.

These statutes provide for the examination and licensing of all persons who desire to practice the profession of pharmacy within the borders of the several States. Thanks to the hearty co-operation of the medical profession in this State, and especially to the members thereof in the present General Assembly, as well as to our honored Governor, Arkansas has at last stepped into line with her sister States, and has provided for a qualification of intelligence and skill for all who would begin the practice of pharmacy within her borders.

Now, gentlemen, I have endeavored in a homely way, and in the briefest manner, to demonstrate to you the existence of another learned profession, that is very near akin, if not, indeed, a substantial part of your own. In truth and in fact, it

has been fostered and fanned into existence by the grand old profession of medicine.

You will find in this young profession a noble and a valuable ally in your fight against disease and death. The relations that are to exist between the members of these allied professions should be of the most friendly and intimate character. There is no room for strife or jealousy between them. Let me say in this parting hour, that all that is required to promote and preserve perfect harmony between physicians and pharmacists, is for both to be guided by that old-fashioned rule of conduct, which says: "As ye would that men should do to you, do ye even so to them." Codes of ethics never did, and never will make gentlemen; the heart must first be right; the head can then be easily trained.

I conclude this subject, gentlemen, by assuring you very earnestly that you may learn much from the intelligent pharmacists among whom your lot may be cast. But you must go about it in the right way. Pharmacists are proverbially modest men, and will never voluntarily air their accomplishments. To succeed best in drawing them out you must meet them on a level, not on an incline, yourselves on the upper side!! Exchange views with them on topics common to both, show an interest in their professional studies, let them know how greatly you and your patients depend upon them for success in combating disease and in promoting measures for the public health. Take my word for it, gentlemen, such fellowship will bring you excellent returns.

And now, gentlemen, I must speak the parting words and give you the benedictions of your *alma mater*. As you go forth to relieve the suffering, to help the distressed, to heal diseases—the true knights errant of the nineteenth century, may you walk in the footsteps of the Great Physician who lost sight of self in His ministry of love and help to others. And, traveling the highways of this earth, as commissioned providences, scattering benisons and balms on every side, may you at last climb the shining steps which lead through the portals of light into the land where the inhabitants shall never say

"I am sick," and where the footsteps of disease and death shall never come!

> "Let all the ends thou aim'st at be thy country's,
> Thy God's and Truth's; then if thou fall'st, O Cromwell,
> Thou fall'st a blessed martyr."

The Hot Springs Meeting.

Information from all over the State gives assurance of the largest attendance upon this meeting that has ever been known in the history of the Association. The interest which surrounds the place of meeting may have much to do with this, the existence of a pharmacy law more, but we will persist in believing that an awakened interest in the advancement of the profession has most of all. All the druggists in the State are invited to be present, whether they are members or not, and a hearty welcome awaits them. We cannot promise certainly, but it is hoped that the Board of Pharmacy will be appointed in time to hold its first meeting at that time, and if so, a good opportunity will be given visitors to make their acquaintance and register as pharmacists, either by examination or otherwise, as the case may be.

The local committee are making all the arrangements necessary for the entertainment of their guests, and a good time may be expected. A musicale and grand hop are among the features of the social programme. The meetings will be held in the Park Hotel, which will also be the headquarters of the Association. Reduced railroad and hotel rates will be secured, of which due notice will be given in the Secretary's official notice to members.

There will also be quite a large number of exhibits by manufacturers and wholesale houses, which will lend additional interest and advantage to the occasion.

Do not forget the day, May 20th, and let everybody and their wives come.

The Board of Pharmacy.

The Governor has appointed the following gentlemen to compose the Arkansas State Board of Pharmacy, viz.: Dr. John B. Bond, Little Rock; F. G. Kerr, Van Buren; Wm. L. Carr, Hot Springs; J. M. Anderson, Pine Bluff, and W. W. Kerr, Batesville. We can speak advisedly as to four-fifths of the Board, and have no hesitancy in saying that no better selections could have been made. With such a commission, and the active co-operation of the State Association, and each individual member of it, the law will be enforced in such a way that its beneficial effects upon the profession, and its popularity with the people will soon be felt. It is a great innovation upon the previous order of things, as well as upon preconceived ideas of the inalienable rights of individuals, and the Board will need to have great patience, perseverance, moderation and firmness to stem the tide and land the craft in safety. We undertake to guarantee all these virtues in the aforesaid four-fifths, and more, that they are fully competent to hold the other fifth level. It may now be safely said that there will be a meeting of the Board during the meeting of the Arkansas Association at Hot Springs, but that it will be fully organized and ready for business may be somewhat problematical.

Dr. John B. Bond, Professor of Chemistry in the Medical Department Arkansas Industrial University, delivered the valedictory address before the graduating class at the recent commencement of that institution, on the subject, "Modern Pharmacy is Entitled to be Ranked as a Profession." The subject is a new and somewhat novel one for an occasion of that kind. Dr. Bond has received some very handsome compliments from very high sources, every one of which was well deserved. We publish the address in full elsewhere, as it is good reading for some older physicians than those to whom it was addressed.

Miscellany.

How Hot Springs Was Defeated.

The following is taken from the Washington *Post* of the 8th, inst.:

As soon as the reading of this report (of the Nominating Committee) was completed, Dr. H. O. Walker was on his feet and moved to strike out Hot Springs and substitute Detroit.

Dr. Conner, of Detroit, said the people of his city were hospitable and would like to have the Association meet with them. The hotels, however, were not so numerous or commodious as those in other and larger cities, but they would do the best they could to accommodate the Association. Dr. Walker refuted this intimation of a lack of facilities by stating that the National G. A. R. would be in Detroit this year, and if that organization could be cared for, the Medical Association could be also.

Dr. Keller, of Hot Springs, made a warm fight for the adoption of the report as submitted. He wanted to know if Dr. Walker, in extending the invitation to come to Detroit, was authorized by his local Society and State organization, or was it simply a personal request.* To this query Dr. Keller insisted upon receiving an answer. Dr. Walker replied that he was not so authorized, but he and other local and State physicians had conferred together, and wanted the Association to to come to their city.

Dr. Keller retorted that the Hot Springs Medical Society at its last meeting had passed a resolution inviting the Association there ; that it had been presented to the State Society, which had joined heartily in the invitation to come to Hot Springs. The Doctor said that in the committee room the only

*To those members of the State Society who were at Hot Springs, and heard the arraignment of the Arkansas delegation to Nashville last year, this query will cause a smile if nothing more, since the member who made the arraignment was at Nashville, exactly in the same attitude, advocating Hot Springs, as Dr. W. was in putting forward Detroit.—[EDITOR.

two authorized invitations extended were those from Hot Springs and San Francisco. The unauthorized invitation from Detroit was sent in, but the committee, after carefully considering the matter, had voted in favor of Hot Springs. His city had ample accommodations—a hall large enough to hold the largest Association that ever gathered, hotels capable of accommodating any number of guests, railroad facilities sufficient, and the promise of reduced rates all around.

"Are we now," said he, "to be met by the objection of some who are disgruntled, after the calm deliberation of the committee, and its findings after a full discussion of the places suggested." If that was the case he thought he could say no more, but he did not like to think the charge was to be made on account of some personal reason.

Dr. Owens, of Indiana, thought the committee made a big mistake, and if Hot Springs were selected he was confident there would be but a handful in attendance.

Dr. Simmons, of California, offered an amendment substituting San Francisco, but the City of Golden Gate was laid on the table immediately.

Dr. Paulding, of Omaha, substituted his city, but it shared the same fate. The fight was between Detroit and Hot Springs, and the delegates were determined to keep it there.

The vote was finally called for and taken *viva voce*, in which Detroit appeared to have the advantage. Upon a demand for a division some one called for the yeas and nays. This would consume so much time that the chairman waived all proceedings aside and started to proceed with the regular order, that being the address on surgery.

The delegates were not in any humor to have the final action on location postponed, and under pressure the member who called for the roll was induced to withdraw his motion. When the standing vote was counted Detroit had 143 votes and Hot Springs 105.

Dr. Keller, although defeated, was not disheartened, and was upon his feet in a moment. Above a number of calls entreating him to sit down, he could be heard making a state-

ment that men had been put upon some of the important committees who were neither members of the Association nor in affiliation with it. He sought to have the whole report recommitted. There were loud and prolonged cries for the adoption of the report as amended, with Dr. Keller all the time insisting upon his motion.

The member of the committee referred to by Dr. Keller was Dr. W. W. Potter, of Buffalo. Dr. C. A. L. Reed, of Cincinnati, managed to attract the eye of the chair, and said that the gentleman referred to was in attendance at the Association as a representatives of the Erie County Medical Society, a Society in perfect accord with the American Medical Association, and one which had adopted the Code of Ethics. He defied any one to show anything to the contrary.

There was silence and marked attention when the venerable N. S. Davis, of Chicago, arose to speak. He interpreted the law as requiring all questions regarding ethics to go to the Judiciary Committee without debate.

Dr. Keller endeavored to reply, but his voice was lost in cries for the question, which arose all over the house. The point raised on the eligibility of Dr. Potter was referred to the Judiciary Committee, and the report, as amended, in regard to the place of meeting, was adopted.

Patent Medicines.

In his admirable report to the National Board of Health, Dr. Lewis Diehl alludes to the subject of patent medicines, the trade lists of which he says embrace a larger number of articles than the Pharmacopœia, and their consumption is at least equal to, if not greater, than that of legitimate medicines. It is useless to argue with the public that the pernicious effects of this class of medicines far outweigh their good; that their reputation is based altogether on temporary or imaginary relief; and that, being on this account recommended and resorted to in every emergency, they are likely to do mischief. It is

difficult for the public to understand that the manifestations of pain or discomfort are only symptoms of the disease, and that such symptoms, though to the uninitiated apparently identical, may point to entirely distinct maladies, and that therefore the remedy indicated by the one may be entirely unsuited or even hurtful in the other. Moreover, powerful narcotics or stimulants are often largely represented in these nostrums, and it is easy to understand, not only how temporary relief may be obtained, but also how such drugs, injudiciously taken, may be the direct cause of habits, the ultimate consequences of which are moral and mental ruin and death.

By the existing drug law all patent and secret medicines are subject to the same examination as other medical preparations, and can not be permitted to pass the custom house for consumption unless the special examiner be satisfied, after due investigation, that they are fit and safe to be used for medicinal purposes. But how is the special examiner to determine the fitness and safety for medicinal use of a preparation unless he has some standard to guide him? It is true, he can, by analysis, determine the presence of active medicinal agents, quantitatively as well as qualitatively, but the presence of such agents, whether in large or small proportion, need not absolutely debar the medicine from entry. If, on the other hand, the quality as well as the quantity of active medicinal agents allowable in such medicines were plainly defined, a standard would be established whereby special examiners might regulate their action.

To reach this class of patent medicines, as well as those that are prepared in this country, both United States and State laws are necessary. The following modification of the plan requiring the publication of the formula upon the label is proposed by Dr. Diehl as just to manufacturer and consumer:

1. Designate by law what substances shall be regarded as "active" medicinal agents.

2. Designate the extreme quantity of such active medicinal agents as may be contained in a given quantity of a "patent medicine," both with reference to its being the sole active

component and to its being combined with other active agents, possessing similar physiological action.

3. Require all patent medicines, whether of foreign or domestic manufacture, to be registered by their full title at some suitable office, under the control of the general government; require also that the uses to which such medicines are to be applied, and that the doses in which they are recommended shall be placed on record.

4. In the event that such a "patent medicine" contains one or more medicinal agents, classified as "active" within the meaning of the law, require the manufacturer to deposit at the registering office information of the exact quantities of such that are represented by a given quantity of the preparation.

5. Require under all circumstances that the minimum and maximum doses of the "patent medicines" be distinctly printed on the label; and if it contain one or more of the "active" medicinal agents designated as such by law, that their presence be unequivocally stated upon the label; not, however, requiring that their quantity or proportion be stated on such.

"A law of this character would enable governments, and the medical profession, as well as the consumer, to form in some degree a judgment of the character and probable effects of a patent medicine, and would generally tend towards ameliorating and preventing the evil observed under existing conditions."

It is evident that the evil can not be altogether abated, and even if the present generation, who are most interested in suppressing the quack medicine nuisances, were to root out the existing vile crop, they would see another equally noxious spring up; and therefore, beside such legislation as is above indicated, the general public needs enlightenment, for while the more intelligent classes already have no faith in a nostrum that is trumpeted as a *cure-all* in the advertising columns of journals, the low and ignorant classes still seem to have more confidence in the professions of the charlatan and mountebank than in legitimate medicine and the scientific and conscientious practitioner.—[*Medical Age.*

Whither Drifting?

It is stated as an historic fact that Hahnemann was once an honorary member of the New York State Medical Society. For some reason not quite clear, those members of the Society who took up with the new doctrines, and attempted to prove or disprove them, were attacked and expelled from the Society. Being persecuted, these banded together, and hence the beginning of the distinctive organization of the homœopaths. As time passed along, some members of the profession desired to consult with these parties. Their reasons for this does not matter, though it is not denied that if there had been plenty of fat consultations exclusive of these, the desire would not have been so strong. Finally, in New York, this part of the profession became so strong that they captured the State Medical Society, and conducted it upon the distinctive features known as the new code. The peculiarity of this code is its elasticity respecting consultations. Its votaries consult with any person they choose. True, a new State Society arose in New York, and maintains a vigorous existence; does splendid work—better than that of the old Society, or any other State Society. However, the new doctrine, with New York as a center, spreads. Its influence can be seen anywhere. In every city consultations of regulars and irregulars is said to be of a common occurrence. In Detroit the Homœopathic Hospital is filled largely with the patients of regular physicians. The carriages of the two sects alternate upon the adjacent streets during regular visiting hours. Montgomery, Ala, Medical Society has unanimously adopted resolutions favoring consultations with homœopaths and eclectics. The relations already existing between these practitioners in that State is such that it is no wonder this result follows. All this in the home of the late Dr. Baldwin, of Montgomery, the stalwart opponent of such consultations!

Columbus, Ind., has formed a Medical Society, in which all physicians meet on one common plane. It is reported that

staunch friend of the medical profession, Dr. T. A. Reany, of Cincinnati, spent an evening with this Society.

It is perfectly plain that we are drifting towards a commingling of all doctors who have a legal right to practice medicine. How long we shall be in reaching this end is not clear.

Let it be remembered that we are not discussing the matter other than historically; nor do we undertake to argue here its good or bad results. It is enough to note here and now the fact. It is pertinent to call attention to the other fact, that during the period in which this commingling has occurred, the specialists have come into especial prominence. It is more than probable that it was their ends and ways of getting practice and peculiar nature of the same that finally precipitated the affair. Physicians in regular practice have no need for consultation with irregulars, or any other practitioners. But surgeons general, and all sorts of special surgeons, have need of all the special cases they can get. One from the homœopath is just as good as one from the regular. So they have stretched out their long arms and hooked fingers for their daily supplies. The multiplication of all kinds has actually taken away from the general practitioner most that he once possessed. At any rate it has given them a preponderating influence in medical affairs, and to their operations we may fairly ascribe the drifting of the medical profession, to which attention has been called.—[*American Lancet.*

American Medical Association.

From advices received from Washington it is learned that Dr. J. M. Keller was put on the Nominating Committee from Arkansas, and that Hot Springs was selected by the Committee as the place for the next meeting of the Association. The *Washington Post*, of May 7th, says: "The Committee agreed upon Hot Springs as the place of next meeting, but this will not give general satisfaction to the Association. There is a prevailing sentiment in favor of Detroit, and it is quite proba-

ble that that city will be substituted for the one named by the committee." From later telegrams it is learned that when the committee reported, a motion was made to substitute Detroit for Hot Springs, and, notwithstanding the gallant fight made by Dr. Keller, the former place was selected by the Associa tion, and the first Tuesday in June, 1892, fixed for the time of meeting.

Dr. H O. Marcy, of Boston, was elected President, and Dr. Willis P. King, of Kansas City, Mo., First Vice President.

Dr. Keller and the other members of the Arkansas delegation deserve much credit for their efforts to have the invitation of Hot Springs and Arkansas accepted, and though they failed this time, their success was so near attained that there is hardly room to doubt that the National Association will soon be induced to meet at Hot Springs.

Recent Medical Appointments.

Dr. J. J. Robertson, of Little Rock, County Physician of Pulaski County, was on May 7th elected physician to the Arkansas Penitentiary for the ensuing two years. It is understood that Dr. R. B. Christian will be appointed County Physician to fill the vacancy.

Dr. Putnam Dickinson was recently elected City Physician of Little Rock, in place of Dr. F. L. French.

Dr. J. B. Bond has resigned from the State Board of Pharmacy, and Mr. D. W. Holman, of Little Rock, has been appointed to fill the vacancy.

Late Pregnancy.—Dr. J. H. Lindsey, of Smyrna Mills, Me. ("Medical World") reports the case of a woman 59 years 11 months and one day old, who gave birth to one girl and two boy babies. The boys are still living; the girl died on the fourth day. Dr. H. P. Allen, Bowling Green, Ind., reports the case of a 52-year-old IX-para who gave birth to a tenth child. He also reports the case of a 52 1-3 year-old XV-para whom he delivered of the sixteenth child. Dr. D. B. Horton, of Red Creek, N. Y., delivered a 48-year-old primipara.

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ADDRESS:—LORENZO P. GIBSON, M. D., Managing Editor,
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All members of the Society should send their annual *dues* to the *Treasurer*, A. L. BREYSACHER, M. D., No. 121 W. Second Street, Little Rock, Ark.

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Editorial.

THE CLOSE OF VOLUME ONE.—With this issue ends the first volume of the only medical journal ever attempted to be published by a state medical society. Though the subject had been broached at previous annual sessions of the Society, and several committees had reported adversely on the scheme, not until last year did the matter take definite shape, and THE JOURNAL OF THE STATE MEDICAL SOCIETY OF ARKANSAS was established.

As was stated in the first editorial, the financial success of THE JOURNAL was already secured, and it would in other respects be what the members of the Society pleased to make it. That THE JOURNAL has been a vast improvement on

the old plan admits of no doubt. That it has not been all a journal of its nature ought to be has probably been more apparent to those under whose direct supervision it has been conducted than to less interested but just as responsible members of the Society.

The influence of THE JOURNAL has been apparent in several ways, but in none more gratifying than in stimulating the organization of local societies. The County Societies throughout the State have done more and better work than in any previous year. More new societies have been organized, and in the remoter counties, than in any similar period heretofore. The members of the State and County Societies have been brought into closer relation than they ever were before, and instead of hearing of or from each other once every twelve months, the members receive a monthly visitor to remind them of their relation to their profession and fellow practitioners throughout their commonwealth.

The chief mission of THE JOURNAL has been, first, to get the medical profession in this State thoroughly organized, and then to demand from those in authority that recognition and progression which the medical men in other States have already obtained and are improving. And yet this journal is in its infancy. Those who participated at its christening were determined that it should not be larger and stronger then than at any subsequent period. They resolved that it should be small enough at its birth to have room for growth, development and subsequent achievement.

The Child of the Society is now able to walk alone. Will its fosterers see that it has the proper quantity and quality of nourishment to enable it to develop to the full-grown man that they shall be proud to call their own?

THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION IN 1892.—At the recent meeting of the State Medical Society of Arkansas held at Hot Springs, April 29 to May 1, 1891, a communication was received from the Hot Springs Medical

Society stating that at a meeting of that Association an earnest invitation had been extended to the American Medical Association to hold its next meeting (in 1892) in the City of Hot Springs, and informing the Society that a delegation had been appointed to attend the Washington meeting and present the invitation. Whereupon the State Medical Society of Arkansas, by a unanimous vote, seconded the invitation and instructed its delegates to Washington to urge, in connection with the Hot Springs delegation, and all other permanent members attending from this state, the acceptance of the above invitation.

The Arkansas delegation proceeded to Washington and very appropriately placed on the nominating committee, for Arkansas a gentleman belonging to the Hot Springs Society, and the only member present from Hot Springs. This gentleman delivered the invitation, and the nominating committee by a considerable majority decided to accept it. On the following day when the report was made to the Association after a heated discussion Detroit, Mich., from which quarter neither State nor municipal Society had extended an invitation, was substituted for the place reported by the committee.

So much for the sincere invitation extended by Hot Springs and Arkansas, and the regrets returned by the National Association.

So far as the profession of Arkansas is concerned it has no right to inquire into the whys and wherefores of the rejection of her proffered hospitality and only regrets that the newspapers should have been resorted to for the purpose of unnecessarily ventilating a matter that belonged wholly within the profession and should have been discussed, if with propriety at all, in the medical press. Silence altogether would have been more powerful and dignified.

It is impossible for intelligent men belonging to an association composed of members of a learned profession, notwithstanding that petty medical politicians at times infest such bodies and endeavor to rule or ruin them, to believe for an instant that an invitation coming from a respectable source would be rejected

to rebuke the indiscretions, if any he had, of the one who had been chosen to be the bearer of it. And it must be conceded that those who had no particular interest in the matter rushed into the newspapers more for their own notoriety than for any good will they bear Arkansas, Hot Springs or the National Association. The JOURNAL hopes that at some future day Arkansas may have the honor and pleasure of entertaining the largest organized body of scientific gentlemen that assembles on this continent—the American Medical Association.

THE ARKANSAS ASSOCIATION OF PHARMACISTS.—The recent meeting of this Association at Hot Springs was very successful scientifically, commercially and and socially.

The JOURNAL takes occasion to congratulate them on their auspicious meeting and bright future.

By a resolution, the Pharmacists decided to subscribe for a sufficient number of copies of the JOURNAL to supply one to each member of the Association in good standing. This action will bring the JOURNAL monthly into every reputable drugstore in the State.

The hope is expressed that as the two professions, medicine and pharmacy, are brought into closer relation by a mutual meeting in the JOURNAL each month they will become more and more attached to each other until every vestige of antagonism or conflict of interest shall be dead and buried beneath the monument that each shall assist in rearing to the prosperity and glory of both.

THE OWNERSHIP OF THE JOURNAL.—During the recent meeting of the Society at Hot Springs a number of members, in commenting on the JOURNAL to the editor, called it "*your*" journal. Let it be understood first, last and all the time that this JOURNAL is the property of THE STATE MEDICAL SOCIETY OF ARKANSAS solely, and those who are conducting it have no more interest in its success than ought to be had by each and

every member of the Society. The sooner this view of the ownership or control of the JOURNAL is realized and acted upon, the better it will be for the Society and its JOURNAL.

The managers feel flattered by the many favorable comments that were made and would be thankful for substantial manifestations of the good wishes expressed and promises made.

THE TREASURER OF THE SOCIETY is Dr. A. L. Breysacher, Little Rock. He is the only officer that has held his office from the organization of the Society. In days gone by he has frequently made advances to the Society when the funds were exhausted. The best way for the members to show their appreciation of a faithful servant's efforts for the welfare of their organization is for those who have not paid their dues to do so without delay. All dues previous to 1890 were remitted last year, but those who neglected to remit for that year and have not done so for 1891 owe ten dollars.

Original Communications.

Address on the Practice of Medicine.

BY J. S. SHIBLEY, M. D., CHAIRMAN, PARIS, ARK.

[Delivered in the Section on Practice of Medicine at the Sixteenth Annual Session of the State Medical Society of Arkansas, Hot Springs, Ark. April 29–May 1, 1891.]

In no department of progress, perhaps, has there been greater activity the past year than in medicine and its allied sciences. New remedies and new methods of treatment have succeeded each other so rapidly that the country practitioner finds himself bewildered in the attempt to study and classify them. Certainly the wise king had not the medical practice

of today in mind when he wrote "there is nothing new under the sun." Physiological experiment has been largely employed to ascertain the properties, medical and toxical, of the many new compounds with which synthetic chemistry is constantly supplying us, and clinical experiment has been invoked to determine the value of new methods of treatment, not always, it is feared, to the benefit of its subjects. The study of medicine may be said to have reached the stage of experiment and search for new facts. Thousands of the best minds the world over are seeking a solid basis of scientific fact on which to rear a rational system of practice. And this immense activity is good. It has in recent years brought us many and valuable improvements, and it justifies the hope that still greater achievements will crown the labors of the near future. So great is the mass of new things constantly thrust upon us, however, that there seems to be some danger that in the confusion of so many innovations we may forget or overlook for a time well-established principles and measures of practice whose utility has been demonstrated by abundant clinical experience and observation, which after all is the only true, as it is the final, umpire in a practical, science-like medicine.

It would be a fruitless and well-nigh endless task to rehearse in your hearing the many new medicines and new methods with which medical literature has teemed. The most that can be attempted is such a cursory view of the work of the year as shall indicate the direction of the medical thought of our own and some other countries.

In the treatment of pneumonia nothing new has been accepted as of permanent value. The antipyretic drugs, of which antifebrine may be taken as a type, have not answered the expectations that were raised by a study of their physiological action. The amelioration of symptoms following a full dose of antifebrine in a severe case of pneumonia is wonderful to see, and could it be maintained must certainly prove beneficial. But to maintain a steady influence of the drug the doses must be repeated at intervals so short, and must be so rapidly increased in size, that cyanosis and destruction of the

red blood corpuscles and consequent obstruction of the uriniferous tubules in the kidneys must inevitably result. On the other hand if the doses are not repeated till the rise of temperature returns, we have a series of alternating high and low blood pressures well calculated to increase pulmonary engorgement and effusion. Moreover, after the smaller arteries have been dilated by a full dose of antifebrine, when its influence subsides, they contract all the more strongly for the period of rest that they have enjoyed, thus rendering the engorgement of the pulmonary vessels worse than before the medicine was given. In exceptional cases, if first given just at the crisis, they may turn the tide in favor of recovery, and thus be the means of saving life. I have reported one such case (Transacteries, Arkansas State Medical Society, 1888), and I confess to having been deceived by it into too favorable an opinion of the value of antifebrine in pneumonia. The other members of the series are liable to the same objection in greater or less degree. Any of them that will reduce temperature may induce, collapse, cyanosis and hæmoglobinuria, and diminish or suppress the secretion of urine. Their use in typhoid fever, indeed in any fever of long continuance, is liable to the same objections as in pnenmonia; and the most judicious practitioners are turning their thoughts to other means of reducing temperature in this class of diseases.

In the address on medicine before the American Medical Association at Nashville last May, Dr. N. S. Davis took strong ground against the use of "all the artificially prepared and chemically complex antipyretics recently brought into such general use," and against the use of "alcohol as it exists in the various fermented and distilled liquors, in the group of general acute diseases of which typhoid fever is the most important example." In order to express in the language of a master, opinions at which I myself had arrived, I quote a portion of Dr. Davis' conclusions: "Instead of generating any kind or form of force or energy, alcohol in the blood actually diminishes every known form of force belonging to the living body, and instead of conserving the tissues, it diminishes and pre-

vents the metabolic changes, and thereby promotes both molecular and tissue degenerations as so uniformly seen resulting from chronic alcoholism." "Like antipyrin, and other members of the group of antipyretics on which I have ventured to comment," says Dr. Davis, "the alcohol acts directly on the corpuscular elements of the blood, and so far diminishes the molecular tissue movements of nutrition and disintegration as to lessen heat production and favor tissue degeneration, while its action on the nerve structures is more in the direction of an anaesthetic than of an analgesic. And hence like them if administered in acute general diseases, by its anaesthetic properties, it quiets the patient's restlessness, lessens his consciousness of suffering, and diminishes vaso-motor and excito-motor nerve force, with moderate reduction of temperature, while by its direct diminution of tissue metabolism and excretory products it favors the retention in the system of both the specific cause of disease and the natural excretory materials that should have been eliminated. And though the immediate effect is to give the patient an appearance of more comfort, the continued retention of the morbific cause, the diminished action of the excretory structures, and the diminution of oxyhæmoglobin, all serve to protract the disease and increase molecular and tissue degeneration and add to the number of fatal results." Dr. Davis instances the results of Dr. Geo. B. Wood's cases of typhoid fever in the Pennsylvania Hospital, 1850–1854, whose treatment was essentially non-alcoholic, with a mortality of one in seventeen; of the exclusively hygienic treatment of typhus fever patients in tents on Blackwell's Island, New York, in 1864, with a mortality of 6 per cent; and of the typhoid fever patients in the Mercy Hospital of Chicago for a period of twenty years, treated without alcohol, and except a brief period without antipyretics, with an actual ratio of mortality for the whole number of cases of 5 per cent., or one in twenty. Dr. Davis says: "The administration of the most popular internal antipyretics, antipyrin and antifebrine was commenced by my colleague in charge of the wards, and given a fair trial during the last three years. But the cases so treated resulted in so

decided an increase in the ratio of mortality that he abandoned their use in the treatment of this variety of fever."

After giving examples from the reports of the principal hospitals in Europe and this country, Dr. Davis continues: "The foregoing clinical statistics are sufficient to show that the ordinary use of alcoholics and the more recent internal antipyretic remedies in the treatment of typhoid fever pretty uniformly results in one death for every four to seven cases treated, while cases treated without any use of these remedies result in only one death for every seventeen to twenty cases."

As Dr. Davis remarks, these fragmentary statistics afford no adequate or reliable basis for determining the value of different modes of treatment. But taken in conjunction with his cogent reasoning, I think they will justify us in examining anew the claims of alcohol and the synthetic antipyretics in the treatment of fevers. For myself, the stern logic of disastrous events has forced me into the acceptance of views in accordance with those expressed by Dr. Davis, and I think that the trend of professional opinion is in that direction.

The synthetic antipyretics, notwithstanding the foregoing restrictions on their use, are nevertheless highly useful as palliatives, and perhaps rarely as curative agents, in many painful and spasmodic affections, and in the hyperpyrexia of malarial and other fevers, to tide the patient over a crisis and to gain time in which he may be brought under the influence of remedies more directly curative. Given a case of convulsions from malarial hyperpyrexia in an infant, and few remedial measures are more signally beneficial, or exhibit the superior resources of modern therapeutics to better advantage than a full dose of antipyrin following a hypodermic of morphine.

The most favorable statistics of the treatment of typhoid fever which I have seen are those of Vogl, chief of the garrison hospitals of Munich in Bavaria, Germany, given by Dr. Simon Barnch, in the Journal of the American Medical Association, March 14, 1891. I quote Dr. Barnch: "Vogl tells us that he was led to abandon all other treatment of typhoid fever in favor of the cold bath by studying the records

of the institutions under his charge for forty-seven years. During this period every method in vogue had been applied in 8325 cases of typhoid fever. The various types of disease are clearly pictured in his work, giving symptoms, complications and pathological changes. From venesection to nihilism, and later antipyreties and baths, the gamut was run as was the fashion at different times. Since 1868 the bath treatment has been used in 889 cases, alone in one station, and combined with antipyretics in another, with the following results:

	Combined treatment.	Pure bath treatment.
Mortality.....	6.7 per cent.	2.7 per cent.
Average hospital stay..	40.7 days.	47.3 days.
Per cent. complications.	102.	65.2.

The mortality under the old treatment ranged from 40.3 per cent. down to 7.6 per cent.

"Medical statistics," says Dr. Barnch, "are proverbially unsatisfactory, but if ever they approach exactness, these of Dr. Vogl are an instance; for here we have a military hospital, under various administrations during forty seven years, treating exactly the same class of patients, soldiers of about the same age, previously in good health, having the same employment, the same food, etc. Surely no better data for a comparative estimate of a question in medicine can be imagined."

The principles of the bath always to be observed, as given by Dr. Barnch, are:

A temperature of water not below 65° and not above 70°.

Duration, ten to fifteen minutes.

Constant friction of the surface.

While I am inclined to the opinion that on the whole this is the most successful treatment of typhoid fever, I think it likely that the difficulties to be met in carrying it into effect in private practice, will leave abundant room for any other measures that may be found beneficial to the patients who shall fall under our care.

Intestinal antisepsis has been so frequently and favorably noticed in recent medical literature that it may be considered

to have established itself as an object of the treatment in this and other fevers. Many substances are used for the purpose, but it would seem that the salicylates of soda and bismuth and the salycilate of phenol called salol are least objectionable, on account of the absence of disagreeable taste and odor. All such agents require to be used with caution, for all of them are poisonous. With this limitation they may be highly useful in relieving the tympanites of severe typhoid. I have seen a degree of tympany which must have contributed to a fatal result relieved by the use of three grains of salol every three hours, continued for some days. The same treatment is also highly beneficial in cases of ammoniacal urine from retention by enlarged proctat or other cause. The salol or its elements pass into the urine and render it aseptic and antiseptic, even in cystitis, to the great relief of pain, fever, etc.

In the summer, diarrhœas of infancy, intestinal asepsis and antisepsis is an important—the most important—object of treatment, and of great and well-established value. Asepsis of all ailments for infants is a leading feature in their hygienic management. The discovery by Dr. Victor C. Vaughan of the tyrotoxicon of milk, has thrown a flood of light on the intestinal disorders of infancy, but the subject is so wide that we cannot venture upon it now.

The report of the second Hyderebad Chloroform Commission has awakened renewed interest in the mode of death in chloroform anaesthesia, and in the measures to be employed to avert that catastrophe. The result of experiments on several hundred animals, chiefly dogs, was that in fatal chloroform narcosis, the respiration always failed before the heart stopped beating, in other words, that chloroform always killed by asphyxia. The commission deduce the practical conclusion that in anæsthesia by inhalation of chloroform, all the danger is from failure of the respiration, and that therefore, it is only necessary to watch the breathing. And they suggest that a knowledge of this fact will contribute to the safety of the patient, by concentrating the attention of the ad-

ministrator on the one point of danger, "the breathing alone can be watched more closely than the breathing and pulse; and if failure of the pulse is waited for, life-saving measures are apt to be too late."

Prof. McWilliams in his report presented to a committee of the British Medical Association, dissents from the conclusions of the commission. He maintains that chloroform exerts a direct depressing influence on the heart, diminishing its tone, dilating its chambers and reducing the efficiency of its contractions. Examples are given of cardiac failure while the respiration went on for many minutes.

Mr. Alexander Wilson, of Manchester, England, says: "Death from chloroform is due, apparently, to paralysis of the vaso-motor and respiratory centers probably one or both of these may be affected. This paralysis may set in suddenly with hardly any warning. It is as far beyond treatment as cardiac paralysis, and it is as fatal. It cannot be too strongly insisted that the work of the commission gives us no greater confidence in chloroform than we had before."

Prof. H. C. Wood of Philadelphia, in his address on anæsthesia, before the International Medical Congress at Berlin, takes what seems to me the safest ground. He claims that the fact is well established, both by experiments on animals and by reliable observations upon man, that chloroform is capable of causing death either by primarily arresting the respiration or primarily stopping the heart, but that commonly both respiration and cardiac action are abolished at or about the same time. Ether acts much more powerfully on the respiration than on the heart, but in large doses, it is a cardiac depressant, and occasionally, especially when the heart is feeble, it may stop before the respiration. Chloroform is three to five times more dangerous than ether, partly because it is less volatile and less easy to get rid of.

Prof. Wood sums up the rules for treatment of accidents during anæsthesia as follows:

"Avoid the use of all drugs except strychnine, digitalis and ammonia. Give the tincture of digitalis hypodermically.

"Draw out the tongue and raise the angle of the jaw, and see that respiration is not mechanically impeded.

"Invert the patient by briefly and temporarily.

"Use forced artificial respiration promptly, and above all remember that, some at least, and probably many of the deaths which have been set down as due to chloroform and ether, have been produced by the alcohol which has been given for the relief of the patient."

The greatest medical interest of the year has centered in the subject of tuberculosis. The announcement by Dr. Koch, of Berlin, of a substance having an elective affinity for and a specific action on tuberculous tissues, gave rise to the most sanguine hopes that at last the great destroyer was about to be vanquished. That these hopes are now being replaced by a pretty general feeling of disappointment seems quite evident. It is yet too early to pronounce final judgment on the merits of Koch's treatment. There seems, however, no reason to doubt that the lymph has a specific action on tissues that have been invaded by the bacillus tuberculosis, and that this action may be taken advantage of to dislodge the bacilli in certain surgical affections which, however, do not come within the scope of this section. Even if it shall be found that the treatment is not applicable to pulmonary tuberculosis, the fact that an agent has been found capable of disturbing the environment of the bacilli is itself full of encouragment and hope. Hitherto the bacilli have flourished at will, unharmed by the germicide launched at them, which, however, did not fail to take effect on the host. It is to be hoped, since their intrechments have been found to be not impregnable, that some means may be found to act, either directly or indirectly, on the bacilli themselves.

But as yet the germicidal properties of the tissues and fluids of the body are our main reliance in combatting tuberculosis of the internal organs. How to foster these and keep up the nutrition of the patient, is still the problem in the treatment of consumption. In the solution of this problem I think it must be allowed that substantial progress has been made.

At the Sanatarium at Saranac Lake, Dr. Trudeau reports up to the end of 1888, 11 per cent. of cures and 43 per cent. in whom the disease was arrested; and for the year 1888–89, restored so as to return to work 20 per cent., and cured 14 per cent. At Asheville, N. C., Dr. Karl Von Ruck reports a little over 11 per cent. of cures, and at Dr. Detweiler's Sanitarium at Falkenstein, in the Tanus Mountains, of 1022 cases, 13 per cent. recovered, beside 11 per cent. much improved. These results, which are quite encouraging, have been due to abundant fresh air and light good food, with much easily assimilated fat, and such medicines as improve the general nutrition of the body. The one measure that has done most is change of residence, the benefit of which is often ascribed to climate, but it is, in a large proportion of cases, probably due to the removal of the patient from his infected surroundings to places where the air is free from the active virus. See Year Book of Treatment: Lea Bros. & Co., 1891.

Of the new medicinal remedies creosote seems to be most favorably considered. It is probably beneficial only when it favorably influences nutrition. The treatment of Drs. Shurley and Gibbs by hypodermic injection of the chloride of gold and soda, and of iodine and inhalation of chlorine gas, is too recent to allow of an opinion as to its merits. As high as 25 to 30 per cent. of cures are claimed for it.

The most important point relating to tuberculosis is that of prevention. It is now generally admitted by those who have given most attention to the subject, that Koch's bacillus is the efficient cause of the disease. This has not been found to occur outside of an animal organism, the bovine species being regarded by some observers as its natural habitat. Accordingly the rigid inspection of beeves and of milk cows, and the destruction of all tuberculous cattle, are important prophylactic measures. In pulmonary tuberculosis in the human species the infection is most commonly received into the lungs by the inhalation of dust containing the bacilli in a dried state, the ordinary source of the virus being the sputum of persons suffering with the disease. This, under circumstances of ordinary

cleanliness, is not dangerous so long as it is moist. But as soon as it becomes dried and pulverized it can rise and float in the air, and being inhaled, gains a foothold in the respiratory passages, provided it finds a soil favorable for its growth and reproduction. Hence expectoration onto floors or into streets, or into handkerchiefs, by tuberculous persons, is a habit fraught with danger to all susceptible persons in the vicinity. It has been estimated that as many as three million of bascilli may be contained in one expectoration. It is easy to see how by carelessness as to the expectoration the whole environment of a tuberculous patient may become infected, and a source of contagion to others, as well as of reinfection to himself. The expectoration ought to be immediately and completely destroyed by fire, or, where this is impracticable, it should be received into suitable containers, where it can be kept moist until it can be destroyed. The same is true of the alvine and urinary discharges in intestinal and renal tuberculosis, as well as the discharges from tuberculous abscesses, etc. The essential facts in preventing the contagiousness of tuberculosis is the complete destruction of all tuberculous matter before it becomes dry.

In late years we have witnessed the wonderful success of measures designed to prevent morbific infection in surgical and obstetrical practice. The hope that the same degree of conscientious care to prevent tubercular infection will meet with a large degree of success is to be regarded now not as the vain dream of an enthusiast, but as having a scientific basis. To its realization the frightful ravages of tuberculosis call on us as practical philanthropists to bend every effort.

In an article on this subject by Dr. Edward O. Shakespeare, read before the Association of American Physicians last year, I find these earnest and timely words: "Do we admit that tuberculosis is an infectious disease? Then let us so declare. * * * Do we acknowledge that the tuberculous throw off in the sputa or other discharges the infectious principle of the disease, and thereby jeopardize, whether little or much, the safety of the healthy? Then let us boldly publish our know-

ledge for the benefit of the public who are not in possession of it. Are we convinced that the meat and milk of tuberculous animals often contain the infectious poison and produce the disease in the healthy consumer? Then let us without further delay insist on the rigorous inspection of the meat and milk supply and the prompt destruction of the affected animals. Do we agree that habitations become infected with virulent sputum from the consumptive and constitute a danger to the other inmates? Then let us insist on thorough disinfection and immediate destruction of that dangerous matter. It is probable that an injured condition of the lungs or other exposed organs increases the risk of the development of tuberculosis after exposure to infection? Then let us prevent many a case of consumption by insisting on the removal of phthisical patients from the general medical wards of hospitals. Are we convinced that the unfortunate subject of tuberculosis constitutes a migrating center of possible infection? Then let us warmly advocate the establishment of special consumption hospitals."

Dr. Shakespeare concludes: "Now, brother clinicians, I hold that all these things can and should be done to limit the prevalence of tuberculosis in man. But they can be done only through your influence in forming public sentiment, by spreading broadcast the knowledge which we possess concerning these vital matters, and thus limiting to no inconsiderable extent public dissemination of tubercle bacilli."

Acute Hypertrophy of the Mammary.

BY T. J. CROFFORD, M. D., OF MEMPHIS, TENN.

[Read in the Section on Surgery at the Sixteenth Annual Session of the State Medical Society of Arkansas, held at Hot Springs, April 29-May 1, 1891.]

The following case is interesting on account of its rarity, on account of the rapidity of growth, and on account of the unusually large size to which the mammary organs have attained.

So far as my investigations go, with the literature at my command, it is the largest and most rapidly developed case of hypertrophy of the breasts on record.

Mollie H., aged fifteen years, was brought to me on the last of August, 1890. When this girl was but a few months past the age of fourteen she experienced her first menstruation. At the time this came on she was suffering with la grippe and the mumps. The menstruation at this time and subsequently ran the usual course. Prior to puberty the breast presented nothing unusual, but in a short while the mother noticed that they were unduly large, and ere long the enlargement amounted to a deformity. A physician was consulted; none of his remedies were of avail in checking the wild, riotous growth which these organs had taken on.



When placed under my charge, although the measurements in inches, as taken by Dr. A. B. Holder, of this city, were—

	Right.	Left.
Circumference at base	23	24½
Circumference midway between base and nipple	27½	31
Circumference from front of base over nipple and back to starting point	32½	35½
From sternal to axillary side of base over nipple	27	29
From base above to base below over nipple	22½	24

Yet I shrank at sacrificing the breast of a girl just budding into womanhood, and when I thought that she would be chagrined at not being like other girls, and above all, be deprived of the highest boon of maturity should she ever become a mother, the revolt was complete, and they were told that although the authorities said there was nothing to be done in such cases except amputation, yet we would not amputate these organs without a thorough trial of compression. So with the assistance of the nurses and Dr. Holder, bandages were applied for two weeks, at the expiration of which time the breasts were quite as large as when we began. The operation was now determined upon. Lateral flaps were made, not wishing to risk anything on the cosmetic operations that have been devised. The bases were large, the organs were quite vascular, so it was impossible to avoid hemorrhage when the slightest cut was made into the organ. There was almost no cellular tissue and fat between the skin and gland. No doubt these had been absorbed on account of the pressure from the large and rapidly growing gland. Realizing that there would be quite a quantity of blood lost should the use of the knife be continued, this instrument was laid aside and the closely adherent skin was peeled off from the gland by the use of the handle of the knife and the fingers. In a similar manner the gland was removed from its attachment to the pectoral muscles. The sheath of the muscles was brought away with the gland.

There was one fact right here connected with the operation which surprised and impressed me—this was the absence of bleeding vessels at the base. Remembering the fact that the

mammary glands have rather good-sized arteries from the internal mammary, from the intercostals and from the throacic branches of the axillary in their normal condition, then, taking into consideration the greatly increased blood supply incident to this large and rapid growth, we were prepared to ligate some formidable vessels at the base, but to our surprise there was no bleeding beyond a moderate oozing, and we were forced to the conclusion that these glands drew by far the greater part of their nutrition from the vessels entering through the skin.

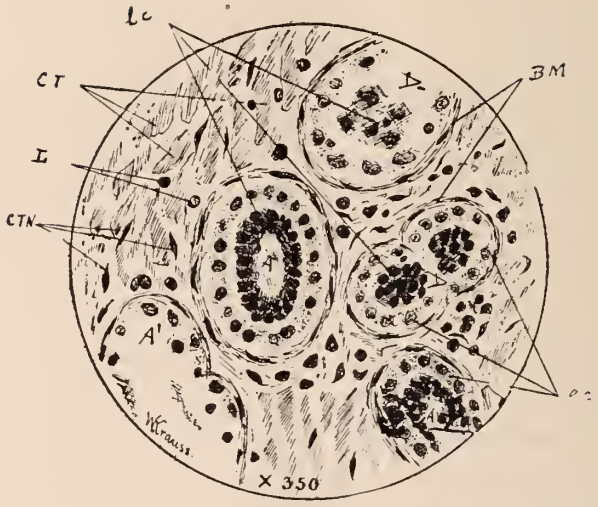
In looking at the photograph the superficial veins can be plainly seen. Taking this fact into consideration might it not be worthy of a trial early in the progress of a similar case to dissect up the skin, and then replace it in its former position, hoping to change the abnormal nutrition and cause a shrinkage of the organ by breaking up its blood supply, without which it could not so lustily thrive?

She experienced a somewhat tardy healing, partly, I think, on account of the irritating and septic fluid, which was considerable, from the gland, and partly due to the want of sufficient circulation in the skin flaps, after having been torn from the adherent organ. Notwithstanding we left an excess of two inches of flaps, there was a contraction in healing until it barely covered the wound. The right gland was amputated September 16th, weighed 13 pounds. The left was removed October 2d, and weighed 11½ pounds. Two weeks later she returned home in good health, and has since remained so.

Dr. William Krause, of this city, has kindly prepared a report of the microscopical appearance of these organs which is the most interesting part of the case and reads as follows:

DR. T. J. CROFFORD, City:

The tumor sent me for examination is one of those rapidly growing circumscribed benign neoplasms which have been variously styled diffuse adenoma, acute fibro-adenoma, acute diffuse hypertrophy, etc.



Microscopically it appears like a fatty tumor, doughy to the touch, but rather more nodular, with firm centres. On section it looks white, with very few vascular spots, soft in portions. The exuding juice consists of fatty and granular cells. Some portions are firm like collections of fibromata. Near the base of the tumor and a little to one side a pink mass the size of a walnut was found, differing from all the balance of the growth, both in gross and microscopic appearance.

Under a low power the tumor is seen to consist mostly of fibrous stroma without fatty tissue, the gland tissue being in places normal, but everywhere pervaded by the growing fibrous matrix, showing every gradation, from simple increase of stroma to complete destruction of gland, loose epithelial cells being imprisoned, like in a very firm scirrhus. For the most part it looks like fibro-adenoma, the cells lying in open spaces, often arranged in concentric layers, surrounded by a wall of firm fibrous tissue.

Under a high power the connective tissue can be seen to split roughly, the bundles interlacing by a line, or cloudy with very few nuclei. The acini are in some places nearly normal, though apparently dilated and filled with deeply staining cells, arranged in one or more layers. Numerous lymph channels pervade the mass, and here the process of formative tissue

generation can be seen in all stages. Escaping corpuscles, undergoing mytosis, young connective tissue cells in the act of growing and elongating, etc.

Osmic acid preparations show a few minute fat globules scattered through all the tissues.

The microscopically pink portion differs from the main mass principally in not having any normal gland tissue in it; the acini are only masses of highly staining cells without any effort at arrangement. The stroma is characterized by having a large number of nuclei, the connective tissue being embryonic in appearance, a few nuclei give the impression of being those of unstriated muscle, particularly around the epithelial collections which take the place of acini.

In the place of duct lumina, there are open spaces in the sprindle-celled stroma filled with the same dark staining cells found in the more normal acini and ducts. We thus have a rapid growth simulating cancer, adenoma, fibroma and hypertrophy, but yet not corresponding entirely to any of these.

The points of difference between this and the one described by Billroth in one of his two cases, are the entire absence of glandular activity beyond the proliferation resulting from direct pressure, and the relatively smaller amount of normal gland tissue. We have in the pink portion described above very probably one of the "sarcomatous nodules" spoken of by Billroth in his case. Billroth's description coincides with this more than the diagram given, for in no portion of this growth are the acini so abundant, and I doubt if physiological activity were possible to any extent in this case, certainly not an increased one, without which there can be no true hypertrophy.

Acute diffuse hypertrophy is no doubt a good name clinically, but histologically we have every evidence of primary hyperinosis without any signs of irritation—round-cell infiltration, the gland-cell proliferation being secondary.

The extreme coarseness and interlacement of the fibrous tissue stamps it as a neoplasm.

The most remarkable point in the histology of these tumors is, that they are in every respect diffuse as far as the mamma is concerned but do not invade the surrounding tissues.

Very respectfully,

WILLIAM KRAUSS.

Report of a Case of Cleft Palate, Closed at the Alveolar Process, in an Infant During the First Month.

BY GEO. F. HYNES, M. D., FORT SMITH, ARK.

[Read by title in the Section on Surgery at the Sixteenth Annual Session of the State Medical Society of Arkansas, held at Hot Springs, April 29, May 1, 1891.]

In this case the lack of development had left a fissure between the palatal portion and the incisive portion of the left superior maxillary bone which, extending posteriorly, made a case of complete cleft palate. This cleft became central in the soft palate, so that the uvula was divided and hung in two parts in the pharynx. The resultant condition was that the left naris and the mouth were one cavity. The accompanying hare-lip made the deformity one that was not only unsightly but by exposing so large an aperture during respiration left the patient exposed to naso-pharyngeal, laryngeal and bronchial inflammations. The closure of the hare-lip was imperative, and by recent authorities early operative interference is indorsed, but the idea of attempting anything further is no where spoken of, so far as I am aware, until the child has reached the age of 3 or 4 years. What was done in this case besides the closure of the hare-lip was as follows: The edges of the cleft in the anterior portions of the superior maxilla—the alveolar arch—were freshened by removing with a bistoury a strip of soft tissue. A strong suture of silver wire was inserted in the space between the lateral incisor and canine and carried to the opposite side where the inter-incisor space was pierced, approximation was obtained by the pressure of the thumb on either cheek, the suture drawn tight and twisted. Apposition

was such that union of the soft parts was expected, and such was the result. The twisted wire ends were bent down so as not to lacerate the lip or tongue; closure of the hare-lip with pin suture was done at once. Immediate gain was a more shapely mouth, a better gum over which to close the lip. The remote gain will be great, for when at the age of 3 or 4 years uranoplasty is done the extent of the cleft will be so much lessened as to very much simplify the procedure. The patient was 19 days old at the time of the operation, which was done without anesthesia. He is now doing well, though nourished artificially, has taken milk from a spoon, as he has at no time had the ability to suck.

The State Society.

Minutes of the Sixteenth Annual Session, Held at Hot Springs, April 29-30 and May 1, 1891.

FIRST DAY.

WEDNESDAY, *April 29, 1891.*

GENERAL SESSION.

The Society met in the pavilion of the Park Hotel and was called to order by the President, James A. Dibrell, Jr., M. D., at 11 o'clock a. m.

Prayer was offered by Rev. G. W. Reeves.

Dr. Jelks, chairman of the Committee of Arrangements, made a report, in which he stated that the address of welcome and public reception would take place in the evening. He also read a communication from the President of the Ouachita Club, inviting the members of the Society to visit the club at any time and as often as they may desire. The chairman further announced that the baths would be furnished the visiting physicians free of charge.

The Committee on Credentials reported the registration of the following:

Delegates.—J. R. Autrey, J. S. Corn, Ferdinand Smith, J. P. Stanley, W. W. Hipolite, S. M. Carrigan, W. T. Joyner, D. J. Prather, L. E. Moore, George Dalton, J. H. Cleveland, A. F. Kirstan, R. M Wilson, J. W. Scales, M. S. Dibrell, Edwin Bentley, R. G. Jennings, G. W. Hudspeth, D. C. Ewing, D. A. Linthicum, T. D. Merritt, J. W. Hayes, B. Hatchett, D. M. Gardner, J. D. Southard, W. P. Hart, F. R. Fleming, W. M. Moore, T. J. Woods, J. G. Eberle, J. W. Webster, F. N. Burke, J. C. Minor, J. H. Gaines, J. M. Keller, W. R. Hunt.

Permanent Members.—D. W. Bright, A. B. Moore, R. W. Lindsey, D. S. Williams, J. C. Wallis, J. A. McCallum, B. C. Goodwin, W. T. Bailey, W. M. Bittenger, W. H. Hill, R. M. Drummond, R. N. Ross, G. W. Hudson, R. S. Wallis, Z. J. Lantorn, C. E. Nash, T. E. Murrell, J. S. Shibley, M. G. Thompson, J. A. Dibrell, Jr., P. H. Pendleton, L. P. Gibson, A. L. Breysacher, G. A. McLarty, J. R. Dale, J. T. Jelks, J. B. Payne, S. R. Cates.

Applicants for Membership.—J. R. Autrey, Ferdinand Smith, J. C. Parrish, W. H. Heard, L. E. Moore, George Dalton, J. C. Cleveland, J. A. McCallum, G. C. Koch, K. A. McIntosh, W. H. Barry, Eugene Hay, M. S. Dibrell, W. R. Hunt, E. R. Armisted, M. Fink, W. M. Moore, Thos. H. Jones, L. A. Jelks, A. F. Kerstan, J. F. Graham.

The report was adopted and the applicants for membership were elected by ballot. The calling of the roll and reading of the minutes was dispensed with.

Vice President Payne was called to the chair. The President proceeded to deliver his annual address, at the conclusion of which Dr. Hayes moved that it be referred to a special committee of three to report tomorrow morning. Carried.

The chair appointed as the committee, Drs. Linthicum, Hatchett and Shibley.

Dr. Linthicum asked to be excused on account of not feeling well.

Drs. Hatchett and Shibley stated that being on the Judicial Council their time would be fully occupied, and they could not serve, whereupon the chairman appointed Drs. Hayes, Keller and Bentley.

The Secretary read the following amendment to the constitution, introduced at the last annual meeting, viz.:

"The scientific proceedings of this Society shall be conducted in three sections: One on Practice of Medicine, one on Surgery and one on Obstetrics and Gynecology. Each section to hold its sessions in the afternoons and evenings at each annual meeting, as may be arranged for by the committee of arrangements.

"The Nominating Committee shall nominate for each section a president and secretary, whose duties shall be such as usually devolve upon such officers."

The amendment was adopted.

Dr. Shibley gave notice that the Judicial Council would meet Thursday morning at 9 o'clock.

Adjourned.

SECOND DAY.

THURSDAY, *April 30, 1891.*

GENERAL SESSION.

The Society assembled at 10 o'clock with the President in the chair.

The President announced that he had appointed Drs. F. N. Burke, J. G. Eberle and J. W. Hayes to fill vacancies on the Judicial Council.

The special committee on the President's address reported as follows:

Mr. President:

We, your committee to whom was referred the address of the President, would most respectfully report as follows, viz.: That after a careful review and consideration of the address, we find it abounding in suggestions, alike complimentary to its author and the State Medical Society.

We beg leave to invite special attention to certain points, which, for successful accomplishment, demand specific action.

Especially would we commend to our Committee on State Legislation that portion of the address bearing upon the eradication of quacks and refugees from other States, who, as pretenders, are allowed by our present laws to impose themselves upon the ignorant and credulous of our land.

In view of the fact that surgical instruments are largely the inventions of the profession, and are not patented, yet almost entirely used by them, thereby making the instrument dealer and manufacturer the beneficiary in their manufacture and sale, and that they are manufactured on a much larger scale and from 45 to 50 per cent. cheaper in Europe than in this country; therefore, be it

Resolved, That the State Medical Society instruct our delegates to the American Medical Association to bring this subject before said body, to the end that the American Medical Association would memorialize the Congress of the United States to remove the present duty on surgical instruments; that in addition to the above, our delegates be instructed to bring this subject prominently before our Senators and Representatives in Congress, so that we, as a class, may at least be the beneficiaries of our own inventions.

Resolved, That the thanks of this Society are due and hereby tendered to Drs. Williams and Moore, Representatives, and to the distinguished Speaker of the House of Representatives, Hon. E. W. Rector, of Hot Springs, for their earnest efforts in obtaining much needed legislation.

We specially commend the President in his appreciation of the management of the State Society Journal. From his address we quote the following, viz.:

"In imposing the editorial management upon the Secretary his duties have been multiplied, and as THE JOURNAL is already nearly self-sustaining, some steps should be taken to secure to the editor compensation commensurate with the amount of labor performed."

Now, therefore, in consideration of the above, we, your committee, would offer the following, viz.:

Be it resolved, That our Treasurer be authorized to pay out of the funds of the Society the amount of ($100) one hundred dollars to our worthy editor as a partial recognition of our appreciation of his services.

JOHN W. HAYES, *Chairman.*
EDWARD BENTLEY,
J. M. KELLER.

The report was adopted.

The Publication Committee reported as follows:

LITTLE ROCK, ARK., April 25, 1891.

Mr. President:

The Committee on Publication respectfully report that all papers read at the last meeting of the Society were turned over to the editor of THE JOURNAL without recommendation. This action was taken for the reason that the publication of THE JOURNAL was substituted for the annual transactions heretofore issued.

Respectfully,
L. P. GIBSON, *ex-officio Chairman.*

The report of the Trustees of THE JOURNAL was read as follows:

LITTLE ROCK, ARK., May 29, 1891.

Mr. President and Members of the State Medical Society:

The Board of Trustees for STATE MEDICAL JOURNAL appointed at your last annual session, held at Little Rock, Ark., May 14th, 15th and 16th, respectfully submit the following report of their action in the premises, and of the conduct and management of THE JOURNAL for the past ten months.

The board organized May 28, 1890, by the election of Dr. P. O. Hooper, Chairman; J. H. Southall, Secretary, and J. A. Dibrell, Jr., Treasurer.

Having organized it proceeded to the election of an Executive Committee, whose duty it was to attend to any matter of business requiring the attention of the full board during its interregnum in regular or called session. This committee comprised Drs. P. O. Hooper, J. H. Southall and J. A. Dibrell, Jr.

Dr. L. P. Gibson was chosen and elected managing editor of THE JOURNAL. He was instructed to inquire of the different printing and publishing houses of Little Rock their lowest estimate in cost for the publication of a monthly medical journal of forty-eight pages, and to report the same to the Executive Committee of the board for final and definite action concerning the same. This was done, and Dr. Gibson was authorized to accept the estimate of the lowest bidder, and complete the arrangements for the early issuance of the first number of THE JOURNAL. As to its financial condition, and also its success in the past, present and future, we would refer to the report of Dr. Gibson, which is herewith appended.

The Board of Trustees feel glad in the expression of their hearty congratulation and commendation of Dr. Gibson for the success THE JOURNAL has attained, and think it is due him, and the Society, that every member, and, for that matter, every medical man in the State, should become a subscriber, and endeavor to give their support and best efforts towards its uccess, progress, etc. And further, as it is generally conceded that the laborer is "worthy of his hire," and that the present revenue pertaining to the maintenance and perpetuation of THE JOURNAL is wholly inadequate to meet the demand, Dr. Gibson thus far not having received any remuneration for his services, we would earnestly ask every professional brother to come forward without further appeal, and assist, both by pocket and brain, in sustaining this worthy enterprise.

The pages of THE JOURNAL will compare favorably with a majority of publications of its kind, and we believe the profession of our State will gladly unite and assist in improving it, and making it an honor to those who originated the project.

Respectfully,

P. O. HOOPER, *Chairman;*
Z. ORTO,
J. A. DIBRELL, JR.,
W. B. LAWRENCE,
J. H. SOUTHALL, *Secretary*,
Board Trustees.

On motion, the report was referred to a special committee of three to report tomorrow morning. The President appointed as the above committee, Drs. Nash, Lenthicum and A. C. Jordan.

The subjoined report of the Board of Visitors to the Medical Department of the Arkansas Industrial University was read:

Mr. President: In the absence of Dr. Orto, the chairman, I respectfully submit the following, and in doing so regret to again to have to state that I was the only member of the Board of Visitors present at the examination of the candidates for graduation. In justice to the College, as well as to the members of this Society, this is not as it should be. The board should be better represented at these annual examinations, and to this end I would repeat the recommendation contained in my last report, that those only be appointed as members of the board who are likely to attend the examinations.

The steady and healthy growth of the College afford evidences of continued prosperity. The number of students in attendance during the last year is larger than at any time since its organization twelve years ago. The number of students enrolled during the last term is ninety-five, of which number twenty-one received their well-merited diplomas at the close. All of these passed the trying ordeal of their examinations with entire satisfaction.

During its infancy, the College found in the old building all the requirements needed, but in its eleven years continued growth, it had, so to speak, outgrown its old clothes, and it became necessary to provide new quarters. This has been done in the erection during the last year of a new brick structure three-stories high, elegant in appearance, ample in size, and commodious in arrangement, having all the conveniences that could be desired in such an institution.

The College continues to send forth nothing but good work, and I would here reiterate the opinion expressed in my last report, that the College is doing more for the benefit of the pub-

lic at large and our profession than is being done by our so-called medical law, to regulate the practice of medicine, and that during the next decade it will do more to improve the grade of practitioners of our State than is likely to be done by any medical bill which is likely to be passed and enforced. We should feel a local as well as a professional pride for this school, and I hope to see it rise to the highest position among the medical colleges of this country.

The progress which it has made during the last few years has been very satisfactory, and I hope the physicians of Arkansas, and especially the members of this Society, will give it their unqualified support.

W. W. Hipolite, M. D.

The chairman of the Committee on Medical Legislation, Dr. D. A. Linthicum, made a verbal report, and recommended the continuance of the committee. The annual report of the Secretary, as follows, was read and received.

Little Rock, Ark., April 25, 1891.

Mr. President:

I submit the following report as, Secretary, from May 14, 1890, commencement of the last annual session, to April 29, 1891, commencement of this meeting:

The roll of members for 1889 contained 209 names; 22 new members were added last year, making the total on the roll 231. In making out the list for 1890, 26 names were omitted on account of deaths, removals, non-payment of dues, etc., making the total membership for 1890, 204.

I have nothing special to mention in connection with my office for the year.

Respectfully,

L. P. Gibson, *Secretary.*

TREASURER'S REPORT.

The Treasurer submitted his annual report as follows:

To the State Medical Society of Arkansas:

To balance on hand last report	$ 12 30		
To cash received from members since then	810 00		
Sept. 30, 1890, to cash from Secretary	102 00		
Oct. 22, 1890, to cash from Secretary	20 00		
Oct. 31, 1890, to cash from Secretary	30 00		
Nov. 26, 1890, to cash from Secretary	9 50		
April 17, 1891, to cash from Secretary	52 50	$1,036 30	
By amount expended as per accompanying vouchers		$1,092 10	
April 20, 1891, balance due Treasurer		55 80	

Mr. President:

In connection with the receipts and disbursements herewith submitted, I desire to make the following statement and recommendation:

It will be remembered that at the last session a decision of the Judicial Council remitted all dues prior to the year 1890. As the Society had determined to publish a medical journal, it was expected that its financial resources would be taxed to the utmost; therefore, to collect as much of the dues as possible, I set about it in a business-like manner, first notifying the delinquent members of the action of the Society, and requesting them to remit their dues as soon as possible. A number of the members responded promptly, but still leaving a large number who failed to pay. To the latter I sent polite notes, making a second request for payment of their dues, and notifying them that unless the same were paid within a specified time, I would avail myself of usual business methods and draw on them at sight, at a specified date, for the amount due.

Many paid the drafts promptly; but I regret to have to state that others seemed to take it as a personal affront and wrote discourteous notes to me, or made insulting remarks to the bank's agents. I have been unable to collect from the following members.* If desired, I will read from my journal the names of the delinquents.

*The names are withheld for the present.—[Ed.

I would respectfully recommend that the Society enact a more stringent law for dropping members for non-payment of dues, and make a constitutional provision against remitting delinquent dues. The remitting of dues every few years has a decided tendency to make members negiect to pay for several years, with the expectation of having at least a part of their indebtedness remitted. This practice is a marked injustice to those who pay their dues annually, or their back dues when they permit them them to accumulate. I have to ask the Society to give me explicit instructions respecting collections of dues hereafter, as I do not desire to be the recipient of the ill-will of my fellows, while my only offence is an endeavor to faithfully perform the duties pertaining to the office of Treasurer.

A. L. Breysacher, M.D., *Treasurer.*

On motion, the Treasurer's report was referred to a special auditing committee, consisting of Drs. Hipolite, Keller and Jennings.

After some preliminary remarks, Dr. Keller introduced the following:

Resolved, That a committee of one or more be appointed to go to Washington and go before the Nominating Committee and urge that the American Medical Association shall meet here next year.

After considerable discussion, the resolution was withdrawn.

The following communication was presented by Mr. Eisele, from the Arkansas Association of Pharmacists:

Gentlemen—This committee, by authority of the President of the Arkansas Asssociation of Pharmacists, bears the greetings of the Association to your Society and tender our congratulations. We are proud of the existing warm, friendly relations that are bringing our Associations more closely together. We feel a deep interest in your efforts to secure more effective medical legislation and we thank you for your efforts in our behalf in securing the passage of the present pharmacy law. We urge upon you that you adopt a standing rule appointing a committee to attend our annual meetings. We

claim for modern pharmacy that it is a scientific profession, closely allied in kindred ties to your own, and that we should stand together for the promotion of our mutual interests. You have our best wishes for a pleasant and profitable meeting.

Very respectfully,

M. A. EISELE,
E. F. KLEIN,
E. E. SHENDAL,
Committee on behalf of Arkansas Association of Pharmacists.

On motion, the communication and accompanying paper was received and referred to the Publication Committee.

Dr. Minor presented the following:

HOT SPRINGS, ARK., April 30, 1891.

At a called meeting of the Hot Springs Medical Society, at which the President, Dr. John H. Gaines presided, with Drs. Keller, Hays, Thompson and Minor present, the following resolution was adopted, being moved by Dr. Keller:

"That the Hot Springs Medical Society extends an earnest invitation to the American Medical Association to hold its meeting in May, 1892, in this city, assuring that body that we have more ample facilities for their accommodation than any city in America, excepting New York, Philadelphia, Washington, Chicago, Boston, St. Louis, San Francisco."

The following delegation was elected to visit the Association and urge the invitation: Drs. Keller, Jelks and Garnett.

(Signed) J. C. MINOR, *Secretary.*

Approved: (Signed) S. H. GAINES, *President.*

Dr. Gibson introduced the following:

WHEREAS, The Hot Springs Medical Society has extended to the American Medical Association an invitation to hold its next annual meeting in the City of Hot Springs; therefore, be it

Resolved, That the State Medical Society of Arkansas heartily seconds the invitation of the Hot Springs Medical Society, and hereby instructs its delegates to the approaching meeting of the National Association, to urge in conjunction with the delegates appointed by the Hot Springs Society, and

all members of the profession who attend from this State the acceptance of the invitation."

The preamble and resolution were unanimously adopted.

Dr. Gibson introduced the following amendment to the Constitution:

Resolved, That article 1, of the Constitution, be amended so as to read as follows: "This Association shall be known and distinguished by the name of the Arkansas Medical Society."

Laid over for one year.

Adjourned.

THIRD DAY.

FRIDAY, *May 1, 1891.*

GENERAL SESSION.

The Society was called to order at 10 o'clock, the President presiding.

The courtesies of the floor were, on motion, extended to Dr. T. B. Taylor, of St. Louis.

The Judicial Council, by its chairman, Dr. J. S. Shibley submitted the following report:

In the matter of charges preferred against Dr. John R. Dale, a member of the State Medical Society of Arkansas, the Judicial Council finds as follows:

"*Charge 1st.* Unethical conduct in his relations with fellow members of this Society." Not sustained by evidence before us.

"*Charge 3d.* Undercharging patients as to professional fees, and overcharging them for medicines furnished them from a drug store in which he has a pecuniary interest, and in some instances charging nominal, or no fees, to people who are amply able to pay." Not sustained.

"*Charge 4th.* Unduly advertising his professional work through newspapers and individuals." The proof before us is not sufficient to sustain this charge, but it is the opinion of the council that Dr. Dale is deserving of censure, in that he did not

exert proper effort and a stronger determination to prevent it.

J. S. SHIBLEY, B. HATCHETT,
D. C. EWING, F. N. BURKE,
J. S. CORN, JOHN W. HAYS,
J. G. EBERLE.

The Special Committee on Report of Trustees of THE JOURNAL, asked for further time, which was granted.

The special committee appointed to audit the report of the Treasurer, submitted the following report:

HOT SPRINGS, May 1, 1891.

MR. PRESIDENT: Your Special Auditing Committee has the honor to report that the accounts of the Treasurer, with its accompanying vouchers, have been examined and found to to be correct.

W. W. HIPOLITE,
R. G. JENNINGS,
J. M. KELLER.

The report was adopted, and the committee was discharged.

Dr. Linthicum, chairman of the delegation, read the following report of the delegates to the American Medical Association:

Mr. President and Gentlemen of the State Medical Society of Arkansas:

Your delegates, appointed to represent you in the meeting of the American Medical Association held in the City of Nashville, in May, 1890, would most respectfully report, that they, Drs. J. A. Dibrell, Sr., J. M. Keller, P. O. Hooper, R. G. Jennings, T. E. Murrell, L. P. Gibson, A. Guthrie, Jr., B. C. Goodwin and D. A. Linthicum, were in attendance.

The President's address upon Sanitation was most elaborate and interesting. Very many interesting and scientific papers were read, both before the general sessions and the various sections, all of which have been placed before you in the pages of the Association Journal, therefore it would be a waste of time to this Society to recapitulate.

There was one move made there, which, in the opinion of your committee, is of peculiar interest to all lovers of organized

medicine, which is to move the home of the Journal of the Association from Chicago, where it has succeeded beyond our most sanguine hopes, almost central in its location, in the great metropolis of the west, blessed with an abundance of railroads and mail facilities, within easy and rapid communication with the profession of the United States, surrounded by commerce, literature and art, just now passing from infancy to manhood, to a new home to be located at the City of Washington, a city not central, but on one side of our country, and not nearly so accessible to the subscribers. Your committee are fearful that if such a move is made that there will be great danger of its becoming a political as well as a medical journal; and, in such event, its influence would be abbreviated, and disintegration begin in the Association. The hitherto keeping politics and medicine separate has been a prime factor in building our Associations to their present successful status. The vote upon the question to move will be taken at the coming meeting, which convenes at Washington on May 5, 1891—next Tuesday. It therefore seems to your committee that it would be proper for this Society to take the necessary steps to express its opinion to the American Medical Association upon this question, and in order that your delegates may be able to vote advisedly.

The citizens of Nashville were untiring in their efforts to entertain the Association, and make its members comfortable and happy. Magnificent entertainments were given every night, and excursions by rail and boat during the day; in short, Nashville has never been outdone in its hospitalities to that body. The Association elected as its President for 1890, Dr. W. T. Briggs, an old member of the Association, a constant attendant upon its meetings, adding a great deal to its scientific literature, a man who bears about with him, most gracefully, the impressive marks of the professional harness. Your most efficient Secretary, Dr. L. P. Gibson, was made one of the Vice Presidents, and Dr. T. E. Murrell was elected Secretary of the Section of Opthalmology.

Thus ended the Forty-first Session of the American Medical Association with its father, Dr. N. S. Davis, in attendance, and actively engaged in its scientific work.

D. A. LINTHICUM, M. D., *Chairman.*

On motion, a special committee consisting of three members was appointed to draft resolutions in accordance with the suggestions contained in the report, and the chair appointed Drs. Jennings, Linthicum and Shibley as such committee.

Dr. Hayes, chairman, submitted the report on Necrology.*

Dr. Hatchett, chairman of the committee, read the report on State Medicine, which was on motion referred to Publication Committee.

The Special Committee on Report of Delegates to the American Medical Association, relating to the removal of the Journal from Chicago to Washington, reported as follows:

Mr. President:

The special committee appointed to consider the question of removing the Journal of the American Medical Association submit the following:

WHEREAS, The Journal of the American Medical Association has succeeded in its present location at Chicago, beyond the most sanguine hopes of its friends, and a motion having been made at the last meeting of the Trustees of the American Medical Association to move it away from the great metropolis of the west, most centrally located, with immense railroad and mail facilities, within easy and rapid communication with the profession of America, surrounded by commerce, literature and art, just now passing from infancy to manhood, to a new home, to be located at the City of Washington, a city not central, but on one side of our country, and not nearly so accessible to the subscribers; and,

WHEREAS, We are fearful that if such a move is made that there will be great danger of its becoming a politico-medical journal, and thereby its influence become abbreviated and disintegration begin in the membership of the Association; therefore,

*This report will be published later.—[SEC.

Resolved, First, that we, the State Medical Society of Arkansas, are unalterably opposed to the change; and,

Resolved, Second, that our Delegates to the next meeting at Washington are hereby instructed to use every honorable endeavor to prevent any such movement.

Resolved, Third, that the Secretary be instructed to transmit a copy of these resolutions to the American Medical Association at Washington, during the approaching meeting of that body.

R. G. JENNINGS,
D. A. LINTHICUM,
J. S. SHIBLEY,
Committee.

The resolutions were unanimously adopted.

On the calling of the names of the counties represented, the following names were announced as the Nominating Committee:

Crawford County Society.....———————
Little Rock Medical Society D J. Prather.
Johnson County Medical Society W. R. Hunt.
Independence County Medical Society D. C. Ewing.
Phillips County Medical Society.....D. A. Linthicum.
Logan County Medical Society.....T. D. Merritt.
Lee County Medical Society.....J. W. Hayes.
Sebastian County Medical Society D. M. Gardner.
Clark County Medical Society.....W. M. Moore.
Izard County Medical Society.....T. J. Woods.
Washington County Medical Society J. W. Webster.
Hot Spring County Medical Society.....J. M. Keller.
Howard County Medical Society.....J. S. Corn.
Sevier County Medical Society.....Ferd Smith.
Jefferson County Medical Society.....J. L. Goree.
Prairie County Medical Society.....W. W. Hipolite.
Hempstead County Medical Society R. N. Wilson.
White County Medical Society J. C. Cleveland.
Dallas County Medical Society Z. J. Lanton.
Lafayette County Medical Society.....D. W. Bright.

Lincoln County Medical Society.....P. H. Pendleton.
Cleveland County Medical Society.....S. R. Cates.
Nevada County Medical Society.....E. R. Armistead.
Jackson County Medical Society W. H. Heard.
Ouachita County Medical Society.....G. W. Hudson.
Pope County Medical Society W. H. Hill.

Recess until 8 p. m.

FRIDAY EVENING, *May 1, 1891.*

GENERAL SESSION.

The President called the Society to order at 8 o'clock.

The Nominating Committee reported the election of the following-named officers for the ensuing year:

PRESIDENT.

J. S. SHIBLEY, *Paris.*

VICE-PRESIDENTS.

First—J. C. MINOR, *Hot Springs.*
Second—J. R. AUTREY, *Columbus.*
Third—R. M. DRUMMOND, *Russellville.*
Fourth—C. E. NASH, *Little Rock.*

SECRETARY.

L. P. GIBSON, *Little Rock.*

ASSISTANT SECRETARY.

E. R. DIBRELL, *Little Rock.*

TREASURER.

A. L. BREYSACHER, *Little Rock.*

LIBRARIAN.

R. B. CHRISTIAN, *Little Rock.*

SECTION ON PRACTICE OF MEDICINE.

J. W. HAYES, *Marianna, Chairman.*
G. W. HUDSON, *Camden, Secretary.*

SECTION ON SURGERY.

J. D. SOUTHARD, *Fort Smith, Chairman.*
M. G. THOMPSON, *Hot Springs, Secretary.*

SECTION ON OBSTETRICS AND GYNECOLOGY.

W. W. HIPOLITE, *De Valls Bluff, Chairman.*
J. S. CORN, *Nashville, Secretary.*

Dr. Meek moved that on account of the possibility of the National Association holding its meeting at Hot Springs next year, the time and place of meeting be left to the Secretary.

Dr. Jennings moved as an amendment that the Society meet next year at Little Rock. Carried.

On motion, the Treasurer was allowed $15 for clerk hire.

The Special Committee on the Report of the Trustees of THE JOURNAL, reported as follows, and it was adopted:

Mr. President:

We, your special committee, would most respectfully state that we have examined the report of the Trustees and of Dr. L. P. Gibson, editor of THE JOURNAL of this Society, and find the same full and complete, and we heartily indorse the present management of same, and recommend that the Society give it their hearty indorsement and undivided support. In the matter of compensation for his labor in managing and editing same, knowing the Society is not at present able to pay him what the service is worth, we recommend that he be paid the sum of $300 out of the funds of the Society.

C. E. NASH,
Chairman of Committee.

Dr. Linthicum moved that a committee of two members be appointed to conduct the President-elect to the chair. Carried.

Drs. Linthicum and Hatchett were appointed to perform the duty, and proceeded to do it.

On relinquishing the chair, the retiring President thanked the Society for the assistance rendered him in the performance of the duties of his office, which had now come to an end.

Dr. Shibley, on assuming the chair, expressed his high appreciation of the compliment that had been paid him by his election to the presidency of the Society.

Dr. Hatchett introduced resolutions of thanks to the members of the Hot Springs Society, and citizens generally, for their hospitable care of the visiting physicians, to the proprietors of the railways for reduced rates; to the various bath-houses for free baths that had been offered; to the Ouachita Club for courtesies; to the hotels for their magnificent entertainments, etc.

Adopted unanimously.

A vote of thanks was also given the retiring President and the Secretary.

A motion to adjourn having been made and carried, the President declared the Society adjourned *sine die*.

L. P. Gibson, M. D., *Secretary*.

Wednesday evening, *April 29th, 1891*.

INFORMAL SESSION.

The Society assembled in the Park Hotel pavilion at 8 o'clock, the President being in the chair.

After excellent music, Dr. Jelks, chairman of the Committee of Arrangements introduced the Hon. Mr. Loughran, Mayor of Hot Springs, who delivered an address of welcome in behalf of the city officials.

He was followed by the Hon. Mr. Martin, who made an eloquent address, welcoming the Society in behalf of the citizens of the Valley.

Dr. J. T. Jelks, chairman of the Committee of Arrangements, made the formal welcome in behalf of the Hot Springs Medical Society.

The welcoming addresses were responded to by Dr. Hatchett.

The remainder of the evening was spent in dancing and other social pleasures, including an elegant collation by the Park Hotel Company.

County Societies.

[Proceedings of County Societies are requested for publication in this department.]

Roll-Call of Counties. (Continued from December, 1890).

The name of the last county recorded in the roll was that of Clay, but it was written about the time of the highest water that occurs in that section of the State, and therefore no response as yet. Perhaps when the water goes down and crops are laid by, Clay's doctors may get together and form a Society or let the outside world know the reason why.

Cleburne County?

This county is situated remote from railways and waterways and the means of communication with the different portions of the county and territory contiguous to it are limited. But there are other counties in the State not so favorably placed that have at least a member or two of the State Society residing in each of them. Can't Cleburne produce one or more physicians who will at least join the State organization and do something for the general body of the profession in Arkansas? But—Hail

Columbia!!

The county that has been sending medical men to the Legislature for years and but one has ever come to represent that county in the only State Medical organization. The people of Columbia county have honored their doctors by sending them to the State capital to legislate for their welfare. Don't the physicians think enough of their chosen profession and of one another to organize a Society and send delegates to the State Medical Society. The *per diem* in money is less than that

paid legislators, but the consciousness of duty well performed ought to be ample to repay one or two physicians of a county for tearing themselves away from their routine business for a few days to have social and scientific communion with their fellows from different parts of the State. Columbia is traversed by one railroad and is close to another. The dirt roads are as good as most Arkansas thoroughfares and there is a sufficient number of graduates to form a County Society. Doctors of Columbia county, pull yourselves together, take a few glasses of "old orchard" (plain), and have a Medical Society. You have the men and the men have the ability to conduct a Society that would be an honor to its members and to the whole profession in the State.

THOSE MEMBERS WHO HAVE NOT PAID THEIR DUES SHOULD REMIT THEM AT ONCE. Those who did not pay last year now owe ten dollars. Back dues will never be remitted again.

Miscellany.

—Dr. Fordyce Barker, of New York, died recently.

—Prof. J. M. DaCosta has resigned the chair of practice in the Jefferson Medical College.

—Dr. J. A. Dibrell, Jr., who has been confined to his house for several weeks, is fast recovering now and will soon be fully restored to health.

—BY PROMPT REMITTANCE OF DUES MUCH WORK AND ANNOYANCE IS AVOIDED for the Treasurer. It is the bounden duty of every member and ought to be done cheerfully.

—Surgeon General John B. Hamilton, of the Marine Hospital service, has resigned to accept the chair of surgery in the Rush Medical College. He was succeeded by Surgeon Walter Wyman, promoted.

Pharmacy.

[Devoted chiefly to the interests of the Arkansas Association of Pharmacists, under the direction of their President, Mr. W. W. Kerr, Batesville, Ark., to whom all communications relating to this department should be addressed.]

The Hot Springs Meeting.

The ninth annual meeting of the Arkansas Asssociation of Pharmacists has come and gone. Its impress upon the welfare of pharmacy is made, and the years to come will attest the work. It was, taken all in all, the best meeting of the nine. The attendance was not so large as we had been led to expect, nor so good as the place of meeting, the particular time, and the demands of the hour should have brought out, but still it was better than ever before.

The weather was delightful, the people of Hot Springs, and especially the druggists, were unremitting in their attention to their guests, and spared no pains to make them feel at home and enjoy themselves, and they certainly succeeded fully, as every one present will testify. The social features of the occasion were admirably planned and successfully carried out. The old banquet chestnut, with its sickly toasts and maudlin responses, was relegated to the past, where it belongs, and its place taken by a musical entertainment conducted by the local talent of the city, supported by an elegant orchestra, in the rendition of a choice programme on Wednesday night, and a social hop and refreshments, tendered by the Arlington Hotel, on Thursday night. Both occasions were well attended and much enjoyed. The ladies of the party, of whom there were, for the first time, quite a number, were taken in charge by the wife of one of the prominent local druggists, and treated to a drive to the Potash Sulphur Springs, a distance of seven miles. Every hour not employed in the business of the meeting was utilized in carriage drives, street car rides, donkey races, and pedestrian excursions, viewing the ever-varying and ever-astonishing sights of the vaporous valley. No place of its size

in all the country is so well equipped for the entertainment of associations and other gatherings as Hot Springs. Indeed, the entertainment of visitors is its business.

The late arrival of the morning train on the first day delayed the secretary and quite a number of the members and prevented holding the forenoon session as provided for by the programme. The Association was called to order at 3 o'clock p. m.

The address of welcome was delivered by the Hon. W. H. Martin, and was not only an elegant and earnest greeting, but showed quite a familiarity with the history of pharmacy and the object of pharmacy laws. Dr. John B. Bond responded on behalf of the Association in his usual happy style. It is not intended in this issue to given even an outline of the proceedings of the meeting, as they will be published in full hereafter, beginning with the July number; but we cannot forbear mentioning one of the most important things done, and that was the adoption of this journal as the official organ of the Association and the medium of communication between the officers and committees and the members. Hereafter it will be furnished free to each member who pays his dues for one year in advance, and will contain a full report of the proceedings of the meetings and all circular letters and other matters of interest. It is, therefore, highly essential that it shall reach every member, and that it may do so, it will be necessary that each one shall pay his dues in advance, which they are required at law to do any way. By this means each one will be kept fully advised as to what is being done by the officials and what is expected of members, so that all parties will be kept in close touch and the machinery always in good working order. It is a new departure, and may strike some as a novel one, but is in line with the tendency of the times to encourage closer intimacy between the professions of medicine and pharmacy, and will certainly tell to the advantage of both.

The Arkansas State Board of Pharmacy.

The members composing the board met in the City of Little Rock on the 8th day of May last for the purpose of organizing, as the law directs. All the members were present. W. W. Kerr, Batesville, was elected president, and D. W. Holman, of Little Rock, secretary. Lots were cast for the respective terms of office, resulting as follows: J. M. Anderson, one year; W. W. Kerr, two years; W. L. Carr, three years; F. G. Kerr, four years, and D. W. Holman, five years.

Two days were spent in looking over the ground and ascertaining what was necessary to be done. By-laws for the government of the board were adopted, and the forms for all the required blanks prepared and the contract for the printing let.

It was decided to hold four meetings each year instead of two, as the law requires, the first one to be held at the same time and place as the annual meeting of the Arkansas Association of Pharmacists, provided that shall be in the months of May or June. If not, then on the second Tuesday in May, and the others to be on the second Tuesdays in August, November and February.

A special meeting for the examination of applicants was called for the 15th day of July next. All persons desiring examination should make a note of this and notify the secretary of their intention before that time.

The following form of application for registration without examination was adopted:

APPLICATION FOR REGISTRATION.

I hereby make application for registration as a registered pharmacist, in accordance with an act entitled "an act to establish a State Board of Pharmacy" and for other purposes, approved March 22, 1891. I certify that I was engaged in the drug business on the said date—March 22, 1891—as

.....

(Signature).....

If a clerk, or clerk acting as manager, sign the following also:

I further certify that I am over eighteen years of age, and was actively engaged in a drug store where physicians' prescriptions were compounded for three years next preceding the approval of this act.

(Signature).....

State whether owner, manager or clerk.

The certificates of registration, which will be nicely lithographed on bond paper, will not be ready for distribution before the middle of July. In the meantime the receipts given out by the secretary for the money sent will take their place.

The above blank application will be sent to all whose names can be secured, but if any should fail to get them in time, they should address the secretary.

All money sent is at sender's risk, the board taking no chances and paying no exchange.

The A. P. A. Meeting.

The thirty-ninth annual meeting of the American Pharmaceutical Association convened in the drill room of the celebrated Washington Artillery in New Orleans on the 27th of April last.

There were about two hundred members present. The Association was presided over by its venerable president, Prof. A. B. Taylor, of Philadelphia, and was in all respects one of the most interesting and important meetings that body has ever had.

The following officers for the ensuing year were elected:

President—A. K. Finlay, New Orleans.

First Vice President—Geo. J. Seabury, New York City.

Second Vice President—W. H. Torbert, Iowa.

Third Vice President—L. T. Dunning, South Dakota.

Permanent Secretary—J. M. Maisch, Philadelphia.

Permanent Treasurer—S. A. D. Shepherd, Boston.

Reporter on Progress of Pharmacy—Dr. Chas. Rice, New York City.

Members of Council—A. Courath, Wisconsin; Chas. T. P. Fennel, Cincinnati, and J. M. Good, St. Louis.

Failing health caused Prof. Louis Deihl to peremptorily decline a re-election to the position of Reporter on the Progress of Pharmacy. The profession throughout the whole country will greatly regret to lose Prof. Deihl's valuable reports, especially since physical infirmity is the cause. But Dr. Rice, his successor, is the one above all others upon whom his mantle would be expected to fall.

Crawford House, White Mountains, is the place selected for the next meeting, the time to be fixed by the Council.

Association Notes.

The Park Hotel is a daisy.

There is but one Hot Springs in all the earth.

Of all graceful attitudes, a lady playing ten-pins is the most enchanting.

The old bachelors looked sick when they saw the happy faces of the benedicts.

The sisters-in-law of the Association had a good time and say they are going to Fort Smith next year.

The thanks of the Association are due to the Moffit-West Drug Company for some handsome silver badges presented by the firm.

Anderson's face is a study when he goes to negotiate with a man for the purchase of a drove of donkeys. He buys the drove, all the same.

A great many of the pill-rollers enjoyed the luxury of a hot bath for once in their lives. The change in their appearance was refreshing.

Brother Schaap, of Fort Smith, promises that Judge Brewer shall get up a first-class hanging as an attraction for the meeting next year. This ought to draw. No other State can offer such an inducement.

Will Carr makes an excellent member of the Board of Pharmacy; he takes the other members carriage driving.

A donkey race is the most exhilarating sport in the world, and the one at Hot Springs the most exhilarating of its kind, but some of the ladies were of the opinion that the wrong donkey was hitched in the shafts.

Much of the pleasure of the meeting was lost by the enforced absence of Mr. Eisele. He just returned in time to say good-bye to the boys as they were leaving. Come to Fort Smith next year, Martin, and make up for lost time.

The officers for the next year are, E. E. Shendal, Hot Springs, president; C. M. Davis, Helena, first vice president; W. A. Robinson, Texarkana, second vice president; J. W. Beidelman, Little Rock, secretary; John A. Jungkind, Little Rock, treasurer.

The Association will be represented at the Interstate Pharmical Convention, which meets at Excelsior Springs, Mo, on the 9th day of June. The delegates will also attend the Missouri Pharmaceutical Association, which meets at the same time and place, as visiting representatives.

The absence of any exhibits was a conspicuous feature of the meeting. Mr. J. M. Anderson, chairman of the committee on national formulary, was on hand as usual with specimens of N. F. preparations. They were elegant. No manufacturer of proprietaries could have exceeded them either in beauty or effectiveness.

Prof. H. M. Whelpley of the Missouri Medical College, and the St. Louis College of Pharmacy, and Mr. Moffitt of the Moffitt-West Drug Company, were present and aided very much by their wisdom and experience in unraveling the knotty questions that arose. The first-named gentleman is an honorary member and is perfectly at home among the Arkansas boys, who always welcome him as one of themselves.

In view of the fact that Hot Springs was originally said to be located within less than half a mile of a very hot climate, some one suggested that Arkansas druggists must be a very good lot of Sunday-school scholars to venture so near, but the

pleasing reflection was rudely dispelled by the bad man with the kodak, from St. Louis, who accounted for their boldness by the fact that they were so much accustomed to catching sheol every day, that they had gotten used to it and didn't mind it.

A MEETING of the Association of Manufacturers and Dealers in Proprietary Remedies was held in New York on April 2, at which was discussed many methods for abating the price-cutting nuisance. It was finally decided to leave the matter to the American Pharmaceutical Association at its New Orleans meeting, and to indorse and support any reasonable plan suggested by that body. The following is the plan which was proposed, after a careful consideration, by the Association:

ACTION OF THE AMERICAN PHARMACEUTICAL ASSOCIATION.

After a prolonged and warm discussion, the Section on Commercial Interests adopted the following:

"WHEREAS, The indiscriminate sale of medicines by the ignorant and untrained is an evil of long standing, and public welfare demands that medicines should be dispensed solely by experienced persons; therefore, it is the sense of this Association that medicines should be sold only by druggists who have been educated to properly perform their respective duties. We, therefore, recommend that proprietary articles be sold hereafter upon the following conditions:

"First—Manufacturers and owners of proprietary preparations, on the contract plan, agree to sell their products to druggists only.

"Second—Wholesale druggists or distributing agents agree to sell contract goods solely to druggists, excepting in those localities where no druggists are in business. Wholesale druggists are not to supply any dealer on the cut-off list. Further, wholesale druggists agree not to substitute, when any order is presented for any order on the contract plan.

"Third—Retail druggists to sign an agreement including all contracts, or rebate articles, that they will not violate the conditions of said agreement, and, further, agree not to substitute another article for any article required, that is, on the contract or rebate plan, nor deliver such goods to any dealer on the cut-off list. And it is hereby provided that the names of all druggists who fail to sign the agreement be placed on the cut-off list.

"Fourth—Under no consideration shall any manufacturer, wholesale or retail druggist, directly or by collusion, supply any proprietary preparation on the contract plan to dealers on the cut-off list.

"Fifth—Manufacturers and wholesale and retail druggists shall refuse to sell commission merchants, brokers, expressmen or agents any article on the contract plan, unless such sales are for export or for purchasers who are removed from domestic competition.

"Sixth—Manufacturers and wholesale druggists or distributors of articles on the contract plan to agree not to sell such articles to any retailer of said articles who will not agree to sell at full retail prices.

"Seventh—Manufacturers of proprietary articles on the contract plan to make their contracts in such a manner as not to materially increase the purchasing price of the retailer.

"Eighth—Any wholesale or retail druggist violating his contract shall be placed on the cut-off list as a penalty for such violation.

"The principles which are here presented are submitted to the Association of Manufacturers and Dealers of Proprietary Articles with the view of aiding them in the work of solving the cut-rate problem, the details of the said plan being left to the judgment of the said Association."

The above plan was indorsed by the Arkansas Association of Pharmacists at its meeting in Hot Springs, after striking out that part of the third condition which forbids the substitution of another article for the one called for.

THE new section of Materia Medica and Pharmacy, of the American Medical Society, was organized at the recent meeting of that body in Washington City. Dr. Frank Woodbury, of Philadelphia, was elected president, and our own Whelpley, secretary. This last act was a compliment to pharmacy in general, and western pharmacy in particular. The several pharmaceutical bodies were very well represented numerically, and especially so intellectually, by such men as Remington, Taylor, Bedford. Whelpley, Seabury and others. The section was much better attended than many of the older ones, and about equally by the members of the two professions. The discussions ran largely in the direction of pharmacy, embracing such subjects as "Pharmacopœal Nomenclature and the Latin of Prescriptions," "The United States Pharmacopœa," "Pharmacy for Medical Men," etc. The section being a part of the American Medical Society, none but physicians are entitled to hold office, but pharmaceutical delegates are admitted to all the discussions and the transaction of other business, and a committee was appointed on permanent organization, which hopes to formulate a plan by which they may be admitted to full participation. The following resolution, offered by Prof. Whelpley, was adopted:

"*Resolved*, That the secretary of this section be instructed to inform the pharmaceutical organizations, recognized by the United States Pharmacopœal Revision Committee of 1890, that the sessions of this section are public, and the pharmacists and physicians of the United States are welcome to attend the meetings."

The "middle wall of partition" between the professions, medicine and pharmacy, is thus broken down, and new hopes for future amity and mutual good will and good work, begotten.

THE question is often asked, "Why did Dr. Bond decline the position on the Board of Pharmacy tendered him by the governor?" He authorizes us to say that inasmuch as he was already coroner of Pulaski county, he, upon good legal advice, thought it best to decline the appointment to avoid the very appearance of violating that section of the Constitution which orbids any person holding two offices at the same time, although the position tendered is not strictly speaking a state office.

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THE

SEVENTEENTH

ANNUAL

SESSION

.... OF THE

STATE MEDICAL SOCIETY

OF ARKANSAS

... WILL BE ...

HELD AT LITTLE ROCK,

THURSDAY AND FRIDAY

JUNE 2 & 3, 1892.